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Meeting with Panel on Model Standards 10/26/93

Stack:	Row:	Section:	Shelf:	Position:
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Day:	Tuesday
Date:	October 26, 1993
Time:	12:30 2:00 PM
Location	San Francisco Marriott
Subject:	Panel On Model Standards

APEX*PH* AND MODEL STANDARDS: PERSPECTIVES ON PROGRESS AND A VISION FOR THE FUTURE

Kristine Gebbie, RN, MN, FAAN; National AIDS Policy Office: Michel Ibrahim, MD, MPH, PhD; University of North Carolina School of Public Health: Hugh H. Tilson, MD, DrPH; Model Standards Consultant: Maurice Mullet, MD, National Association of County Health Officials: Shirley Randolph, MSPH; Chair, Model Standards Work Group: Claude H. Hall, Jr., MA, MHA; American Public Health Association.

Reflections on the future of public health, the means needed to strengthen the public health system and achieve *Healthy People 2000* objectives, and the scope of national health reform all will influence the progress and direction of the Model Standards process and assessment/planning processes like the Assessment Protocol for Excellence in Public Health (APEX*PH*). Kristine Gebbie, Michel Ibrahim and Hugh Tilson will describe a vision of what is unique about public health, of what national health reform portends for the public health community and how local public health agencies can prepare. Shirley Randolph and Maurice Mullet will present examples of how the Model Standards process and APEX*PH* should be employed jointly to (1) provide a balanced community-based assessment of local priorities, (2) support local policy development activities, (3) support capacity development, and (4) enhance public accountability for practice and its outcomes.

Ptt after health reform:

The challenges —

not everyone in the comm. in the plan —

watching for cracks

10/26 Model Standards

PH After Reform

PH doesn't ignore personal health but:
providing it becomes an option
(do I want to do it, can I serve this population well, does it intersect a ph. - such as TB therapy)

Can focus on the whole population -
cycles & overlaps in plans
population based
Surveillance - health status
threats to health
capacity of system
~~Regulatory services~~
regulatory programs - safe water, epidemic control
disease control
outreach & linkage - to connect people & system
quality assurance -

Will demand -
- sophistication in data gathering & analysis
timeliness / level of analysis
- what is entered - e.g. unit of analysis of epi or health ed.
- rethinking expectations of outcome
HP 2000 items high
ex = HIV #'s
- rethinking approach to quality -
out of old licensure mode -
beyond minimally safe to best practices
- not only of personal care system
but of ourselves - accountability

Michele Shedlin

security
simplicity
savings
quality
choice
responsibility

Nsg Role in Natl Health Policy

PH Nsg - cutting edge / built its own boxes -

The issues confronting the nation -
- not everyone insured
- not everyone paying in
- perverse $ incentives
- entrepreneurial structure

put last -

The issues confronting nsg -
- limited membership in prof. org.
- mixed entry / image — dimission of reality "oldest living nurse model -
- lack of documentation

The opportunity -

security - complacency?
undocumented

simplicity - do we really buy in?
can we explain?

savings -
though we may need more $ = hard to justify

quality - what is our prof. commitment?
how do we choose our prof. colleagues

choice - our own?
neighborhood / community health centers

responsibility = payment + contributions

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

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Joan Hampton, MS, RN

OHIO COUNCIL OF DEANS AND DIRECTORS
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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

TABLE OF CONTENTS

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 need 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) increased 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 do not receive 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, diseasee 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; services that prevent secondary disability with developmental delay, maximizing the health and learning of children, and promotes mainstreaming and integration within public schools; provides advocacy for children and families in adapting to conditions and enabling access to needed resources.

> 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).

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 the 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 set 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, 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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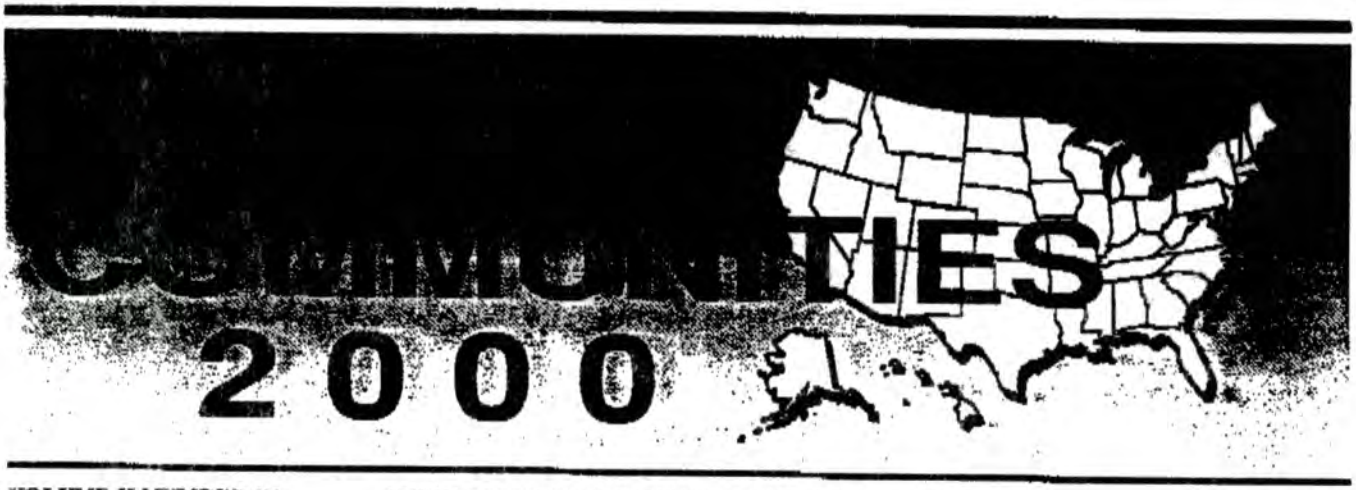


VOLUME II NUMBER IV NEWSLETTER OF THE MODEL STANDARDS PROJECT SEPTEMBER 1993

Sessions At APHA Annual Meeting Offer Something For Everyone

The Model Standards Project is pleased to be offering two new sessions in conjunction with the American Public Health Association Annual Meeting in San Francisco. They will be in Room 307 of the Moscone Convention Center.

Session I: APEX*PH* and *Model Standards*: Perspectives on Progress and a Vision for the Future (Tuesday, October 26: 12:30 - 2:00 PM)


Michel Ibrahim


Hugh Tilson


Kristine Gebbie

Designed for everyone at the Annual Meeting, this year's lead-off Model Standards session features a panel of nationally prominent speakers. **Kristine Gebbie**, **Michel Ibrahim** and **Hugh Tilson** will describe a vision of what is unique about public health and what national health reform portends for the public health community and how local public health agencies can prepare, based on their experiences in Oregon, Washington, and North Carolina. Speaker of APHA's Governing Council and Model Standards Work Group Chair **Shirley Randolph** and NACHO President **Maurice Mullet** will then present examples of how the Model Standards process and APEX*PH* should be employed jointly to (1) provide a balanced community-based assess-

(Continued on Page Two)

IN THIS ISSUE . . .

Update: Washington DC

Washington D.C., in addition to being the nation's capital, is also a city facing increasingly typical urban problems that pose special challenges to its public health system. For example, they experience a dramatic difference in daylight and nighttime populations due to the large ratio of commuters to residents. The District also confronts unacceptably high rates of infant mortality, alcohol-related and violent deaths; problems that reflect both environmental factors and personal behavior choices.

When Washington D.C. Commissioner of Public Health, **Dr. Mohammad N. Akhter** accepted his position last year, he "wanted to provide a basic freedom - a freedom from disease and bad habits that affect one's health." The challenge was to determine where the system was headed, where it needed to be, and how to get it there while meeting ongoing demands for services. Such an effort required not only new leadership, but a rethinking of the structure of the entire system.

One of his first steps was to gain the support and commitment of **Mayor Sharon Pratt Kelly**. Under the Mayor's mandate, the Commissioner began the thrust toward a rethinking of the system with an assessment of the Public

(Continued on Page Three)

Something for Everyone

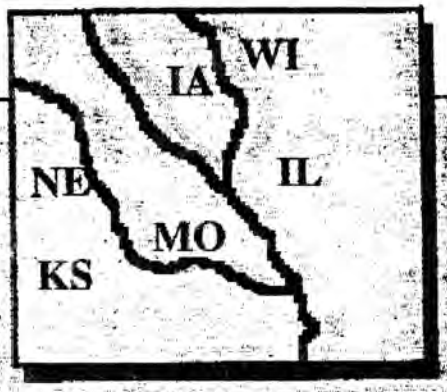
(Continued from Page One)

ment of local priorities (2) support local policy development activities (3) support capacity development and (4) enhance public accountability for practice and its outcomes. Copies of *The Guide to Implementing Model Standards* and two pre-publication supplementary guides for community action and communications will be distributed.

Shirley Randolph (above) and Mo Mullet

Session II: Empowering Public Health Systems Using *Model Standards* and APEX*PH* (Tuesday, October 26: 2:00 - 5:00 PM)

Building on previous workshops, and recent input from the field, this session will offer an introduction to local agency assessment and policy development using real-world examples and experiences. Speakers will describe their use of Model Standards and APEX*PH* in departments serving a range of jurisdictions from small rural communities to large cities. The sessions will feature **Rex Archer**, Garrett County Health Department, Maryland; **Mimi Fields**, Washington Department of Health; **Jim Guiffré**, Central District Health Department, (Boise) Idaho; **Charles Wolford**, Wood County Health Department; **Mark Bertler**, Michigan Association of Local Public Health; and **Claude Hall**, APHA Model Standards. **Nancy Rawding**, Executive Director of National Association of County Health Officials will moderate this session.



After The Flood

"The Great Clean Up" of 1993

People in the mid-west are busy cleaning up from "The Great Flood of '93", and public health professionals are playing a vital role. Most of their activities have been described as "straightforward public health" like delivering tetanus shots, assuring, and educating the public about the safety of water supplies. Other activities include "vector control, monitoring the mosquito populations" to prevent the spread of diseases. Having a disaster plan (written with input from public health professionals who had experience reacting to Hurricane Hugo) enabled the Missouri Department of Health to coordinate activities from a central "War Room," and their response was swift; "once we put it into place, things went smoothly." The federal government (FEMA) response is being praised both for its speed and for sending public health professionals, including public health sanitarians, nurses, entomologists and epidemiologists.

We're Counting on YOU!

Every ten years, the United States Census Bureau faces the herculean task of counting all Americans. In order to get accurate data they remind us all how many things (including federal funding for roads, schools and libraries) rely on this data. **The National Profile of Local Health Departments** is "our" census in public health. **PLEASE** take a few minutes to fill out your Profile Survey and mail it in to NACHO; 440 First Street, N.W.; Washington, DC 20001. If you have any questions, or if you need a replacement copy, contact Carol Brown at NACHO by calling (202) 783 - 5550; FAX: (202) 783 - 1583.

APHA

Healthy Communities 2000

is the bi-monthly newsletter of the Model Standards Project of the American Public Health Association, 1015 Fifteenth Street, NW, Washington, DC 20005. Phone: (202) 789 - 5600 FAX: (202) 789 - 5661.

Model Standards is a cooperative project of the APHA and the Public Health Practice Program Office of the Centers for Disease Control and Prevention (CDC).

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October 13, 1993

Kristine Gebbie, RN, MN, FAAN
National AIDS Policy Coordinator
Executive Office of the President
750 17th Street, N.W.
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Washington, D.C. 20503

Dear Ms. Gebbie:

This is just a quick thank you for taking the additional time needed to be available to the press on Tuesday morning. We will be notifying a large number of press using APHA's Public Relations contact list, and will be including the following press materials. I would also like to extend my thanks to John Gurrola for helping with the arrangements. We will be videotaping the session for our records and a future video project. I will also be taping individual interviews with speakers as their schedules allow. I would love to have some time to interview you Monday or Tuesday if your conference schedule will permit.

I am confident after seeing your extraordinary performance at the Council on Linkages meeting this summer, your perspectives on health care reform and appropriate responses by states will be appreciated and well received. Your national and state experience will provide a perfect bridge to Michel Ibrahim and Hugh Tilson. They will discuss the particulars of reform in North Carolina and then bridge to the Model Standards process and APEX*PH*. I have also enclosed Michel/Hugh's abstract. Mo will talk about APEX*PH* and its role in changing agency's assessment efforts. Shirley Randolph will close with a summary piece about the Model Standards eleven steps and its relationship to public health's core functions. If all goes as expected, there should be about twenty minutes for questions from the floor.

Sincerely,

Claude H. Hall, Jr., MA, MHA
Director, Model Standards

ABSTRACT

MODEL STANDARDS FOR COMMUNITY PREVENTIVE HEALTH SERVICES SPECIAL SESSION

AMERICAN PUBLIC HEALTH ASSOCIATION ANNUAL MEETING SAN FRANCISCO, CA OCTOBER 26, 1993

"THE ROLE OF PUBLIC HEALTH UNDER HEALTH CARE REFORM - DIRECTIONS FROM A CONSENSUS CONFERENCE"

The Model Standards for Community Preventive Health Services Project of the American Public Health Association calls for a governmental presence at the local level (egpall) to embody the three essential functions of public health of policy development, assessment, and assurance. The Model Standards provides an outline for health status outcomes reasonable for every community to aspire to as well as an inventory of the services necessary to translate the aspirations into reality. Both sets of concepts are embodied in health care reform proposals currently advanced by the Clinton Administration and receiving wide debate. Central to assuring the implementation of the concepts of personal preventive services under health care reform will be the local health department's assurance function; and central to the promise of delivering the broader vision of community health will be the continuing community-based presence of public health. This must be revisited as an essential partner in the administration's health care reform proposals.

To clarify this evolving role and to help public health to organize for it, the University of North Carolina School of Public Health at Chapel Hill, in association with the major public health leadership organizations in North Carolina and with broad financial support, including support from the State of North Carolina, on May 17 and 18, 1993 brought together over 100 leaders from state and local government, public, private, and voluntary organizations, health care and non-health care sectors. A consensus panel of state and local leaders was charged to hear expert testimony from opinion leaders from around the country and to invite the widest dialogue and input from the 100 leaders in the audience. The panel was charged to "check their prejudices at the door" and to come in with a blank notepad. The transactions over the two days were remarkable - remarkable in the depth of perception and in the extent of agreement. The program was organized around four consensus conference questions ":

Under health care reform which will be the unique responsibilities and functions of the public health system in North Carolina? What is the rationale supporting these conclusions?

Under health care reform, what role/responsibilities will public health have in delivering high-quality clinical services to the people of North Carolina?

How should population-based services be financed under health care reform in North Carolina?

What specific steps can state and local health departments in North Carolina now take in order to begin preparation for fulfilling their proper role under health care reform?

Over two days, with almost 20 hours in open and closed sessions, the consensus panel heard thousands of ideas. These were distilled into hundreds of recommendations which were assembled into an official report. This report has been published and distributed to the state legislature for their considerations in health care reform. However, all consensus conference attendees were charged to take the recommendations back to their communities to ensure the broadest possible involvement of those communities in the process of health care reform. Statewide workshops are planned across North Carolina for November 1993, and dissemination of the materials, including teaching videotapes, printed materials, and the report itself nationwide is underway.

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PUBLIC HEALTH REFORM

NATIONALLY RECOGNIZED EXPERTS

THESE FOLKS ARE VIDEOTAPING & WOULD LIKE SOME EXTRA TIME W/ KIDS TO TAPE ADDITIONAL FOOTAGE.

A panel of five nationally recognized leaders in public health will describe health care reform and its implications for state and local public health agencies. Make plans now to attend:

"APEX*PH* and Model Standards: Perspectives on Progress and a Vision for the Future"
Tuesday, October 26 from 12:30 to 2:00 PM in Moscone Convention Center Room 307.

Kristine Gebbie, RN, MN, FAAN
Former member of the American Public Health Association's Board of Directors, Ms. Gebbie was appointed by President Clinton as the nation's first National AIDS Policy Advisor ("AIDS Czar".) Prior to this appointment, she was Secretary of Health for Washington State. She has also served as Director of the Division of Health in Oregon.

Hugh H. Tilson, MD, DrPH
Executive Director of the Division of Epidemiology, Surveillance and Pharacoeconomics at the Burroughs Welcome Company, and a leader in the development of the field of pharmacoepidemiology, Dr. Tilson has served as Local Health Officer for Multnomah County (including Portland), Oregon as President of the National Association of County Health Officials (NACHO), and as State Health Officer for North Carolina. He is also technical advisor for the Model Standards Project.

Michel Ibrahim, MD, MPH, PhD
Dr. Ibrahim is currently Dean of the University of North Carolina, Chapel Hill School of Public Health and President of the Association of Schools of Public Health. He has served as editor of the *American Journal of Public Health.*

Shirley Randolph, MSPH
In addition to her position on the Executive Board of APHA as Chair of the Governing Council, Shirley Randolph is also Chair of the Model Standards Work Group, and Co-chair of the Joint APEX*PH*/Model Standards Steering Committee, coordinating these two projects.

Maurice "Mo" Mullet, MD
Dr. Mullet is President of the National Association of County Health Officials, Commissioner of Holmes County, Ohio Health Department and is former co-chair of the Joint APEX*PH*/ Model Standards Steering Committee.

Tuesday, October 26: 12:30 - 2:00