

Inside...

2 Health Care For All
CareFirst Conversion
Latino Caucus

3 MD Cancer Plan
Public Health Infrastructure

Legislative Night in Annapolis Tuesday, March 12, 2002

Cash Bar Reception - Great Food!
Harry Browne's, 66 State Circle,
6:00 – 8:00 PM

Questions, and to register and pay
in advance to attend the reception:
Ginny Seyler at 410-767-0982
or seylerV@dhhm.state.md.us

Note From The President

Dear MdPHA Colleagues,

Most of the time public health is a “behind the scenes” function. But everyone knows what we do now. That only happens when a public health disaster occurs and we step up to protect the public. Anthrax was that disaster, but it could have been a lot worse if not for the rapid response of public health. Congratulations to all who stepped up to do extra work or just kept the routine work going in spite of the disruption. Please G-d, we will not have any more bio-terrorism, but all the disease agents of bio-terrorism are things public health faced before. The tools we had then, scientific knowledge of the agents and strong community links are still powerful. Hopefully this brush with terror will lead to better planning and funding to protect Marylanders for the future.

I recently did some research on the history of the Maryland Public Health Association and found some fascinating facts in the process. In the 1901 report of the State Board of

Health a prediction was made “that in ten years there will be more people to die from cancer than from typhoid fever, smallpox and tuberculosis combined.” Public health continues to apply science and community partnerships to create the conditions in which people can be healthy. Perhaps one day we will be able to look back on cancer as one of the terrible plagues of the 20th century and it too will be a rare disease.

MdPHA will be working to ensure continued emphasis on old problems and new challenges in public health. Our annual meeting in May will focus on the public health workforce and what we need to keep it strong. Certainly funding will be important, but perhaps more so will be a willingness to accept that we can be better and that the quality of public health services may need work. Certainly we need to make full use of all the technological tools at our disposal and ensure that our workforce is well trained and well equipped.

The members of MdPHA have always been a special community of those who go the extra mile for public health. 2001 has been a sad and frightening year, but brighter days are ahead, and one aspect of our common experience seems to be a more unified nation and more realization of how important community and family are to us all. Your professional organization is part of the community network that keeps America strong through good times and bad.

Katherine Farrell, MD, MPH

Health Freedom Walk - May 4, 2002

An innovative project to promote increased physical activity, it will follow the route of Baltimore's historical underground railroad. For more information, contact CHAMP at 410-669-6340.

Public Health Week April 1-7, 2002

This year's Maryland Public Health Week theme will be “United for Public Health Emergency Response.” For more information on the events that will take place, contact MdPHA Board Member Ginny Seyler at SeylerV@dhhm.state.md.us.

Visit Our New Web Site!

Our web site has moved and been upgraded. It is now located at <http://www.mdpha.org>. Visit it to find information on public health and association events going on in Maryland.

Our gratitude goes to Nicole Pennington for her patient and excellent work in redesigning the web site. Additional thanks go to the Johns Hopkins Bloomberg School of Public Health and its Information Systems department for providing us with the new domain name, an Earthlink account, and Ms. Pennington's webmaster assistance, all pro bono.

Announcements

- MdPHA members can receive e-mail notification of news and events via the **listserve**. Send your e-mail address to gsilver@jhsph.edu.
- Students can submit abstracts to compete to present posters during public health week – more information coming soon!
- Mark your calendars! **The MdPHA Annual Meeting will be held on Friday May 31, 2002.**
- Please complete the enclosed Membership Survey and fax or e-mail your responses ASAP!

Maryland Health Care for All!

Whether it be news articles about CareFirst conversion (see article, next column), HMO's leaving Medicare, the cost of premiums rising, employers dropping insurance coverage, etc., we all know that health care and the health insurance industry has been under the microscope lately – and for good reason.

The US is one of only three industrialized countries (joining Mexico And Turkey) that does not guarantee health insurance coverage for its citizens. The Maryland Citizens' Health Initiative began two years ago to correct this injustice at least in our own state.

MdPHA was one of the first endorsers of this campaign to guarantee all Marylanders access to quality and affordable health insurance coverage. The two-year-old campaign has already garnered support of over 2,180 organizations to participate in a process leading to a health care for all plan for Maryland. Working with experts from Hopkins Bloomberg School of Public Health, University of Maryland Law School and Georgetown University Institute for Health Policy Research, the campaign developed a draft plan based on the results of town meetings and stakeholder meetings.

Once finalized, the campaign will make the health care for all plan a campaign issue in the 2002 state elections. Based on polling, Marylanders will make this a key voting issue and we will elect a legislature and Governor committed to enacting health care for all in 2003.

Please visit <http://www.healthcareforall.com/theplan.htm> to download the plan. The campaign needs your comments and suggestions to make the plan better. For more information, call 410-235-9000.

To Be or Not To Be: The Conversion of CareFirst Blue Cross/Blue Shield of Maryland, Delaware and DC

CareFirst, Maryland's largest health insurer, announced recently that it had reached an agreement to sell itself to another insurer and convert its status from non-profit to for-profit. Because it spans three jurisdictions, however, regulators in Maryland, Delaware and Washington, DC, must give their approval. It is expected that it will take 12-18 months for the review process to be completed.

Maryland Law specifies that if a non-profit HMO becomes for-profit or is acquired by a public entity, 100% of the fair value of the public or charitable assets of the non-profit must be placed in the newly created "Maryland Health Care Trust" and used to improve the health status of Maryland residents.

For Maryland's Public Health Advocates, two issues are critical:

1. If the conversion takes place, what will be the impact on the Marylanders currently being served by CareFirst? Will these people have access to sustained, comprehensive, accessible and affordable health care including preventive services?
2. If the conversion takes place, what process will be in place for public health advocates to influence the distribution of Maryland's share of the expected one billion plus dollars so that the health of the public will truly benefit?

Advocacy and consumer coalitions have formed in all of the stakeholder jurisdictions to "safeguard" the interests of their residents. They will be conducting research, analyzing outcomes of conversions in other states to compile "lessons learned" and collaborating extensively with local community groups, organizations and leaders.

In Maryland, the Coalition For Health Care Accountability has begun its work by developing a "Statement of Principles" and will be seeking endorsers. For further information and/or to join the Coalition contact Harold Wallach at backspin@starpower.net or Michaeline Fedder at 410-637-4533.

Latino Caucus

On October 12, 2001 the MdPHA celebrated the Latino Caucus Kickoff Forum at the Engineers Club at Mount Vernon, Baltimore. The day, selected for the Latin-American People meaning of "El Dia de la Raza," was part of the activities for Hispanic Heritage Month.

Presenters represented a diversity of health topics for Latinos in Maryland, including Dr. Anne Bailowitz, Baltimore City Health Department; Dr. Rebecca Vargas-Johnson, Montgomery County Latino Health Initiative, and Flor Giusti LCSW-C, Hispanic Outreach Counselor, House of Ruth. Over forty attendees were present to learn the reality of the poor health of this growing population in Baltimore City, where the demographics are changing everyday.

Dr. Sonia Fierro-Luperini, host of this event, invited everyone to participate actively in the MdPHA and in the Latino Caucus to facilitate and advocate for the necessary changes to improve or start Health Programs for LEP (Limited English Proficiency) population and specifically for people speaking Spanish.

The vision of the Health Latino Caucus is to exercise leadership in health policy development for Latinos in Maryland.

Some of the initiatives to develop are:

- ◆ Adequate (Bilingual) Health Information
- ◆ Advocacy for Health Policies and Cultural Sensitivity
- ◆ Bilateral communication with Health Care Service Providers and the National Latino Caucus for Health.

Dr. Katherine Farrell, President of MdPHA and Ms. Gillian Silver, President-Elect invited everyone to visit the MdPHA web page at: <http://www.mdpha.org> and the Latino Caucus site and to participate in future events to improve the health of Latinos and all residents in our state.

A New Plan to Fight Cancer in Maryland

In October of 2001, the Maryland Department of Health and Mental Hygiene entered into a two-year cooperative agreement with the Centers for Disease Control and Prevention to update the Maryland State Cancer Plan. The agreement was the product of Maryland's response to an RFA put out by the CDC National Comprehensive Cancer Control Program in summer 2001.

The new comprehensive cancer control planning initiatives will be housed under the office of the Maryland State Council on Cancer Control, which is chaired by Dr. J. Richard Lilly. Dr. Lilly officially announced the grant at the State Cancer Council's 2001 Biennial Symposium in late November.

This two-year process will allow citizens from every corner of the state to participate in the process of writing this plan. It'll be a lot of work, but the resulting document will not only be helpful to those at the local levels, but also provide guidance to policymakers for several years to come.

The Maryland Cancer Plan was last updated in 1996. The purpose of the cancer plan is to examine the cancer problem in Maryland, identify the cancer priorities for the state, and develop recommendations on how to address the cancer problem in the state.

For more information on the Comprehensive Cancer Control efforts in Maryland, please call Robert Villanueva, Executive Director of the State Council on Cancer Control, at 410-767-1617, or, in Spring 2002, visit www.marylandcancerplan.org.

Public Health Infrastructure

In October, the Department of Health and Mental Hygiene released the first Maryland Health Improvement Plan (HIP), Maryland's response to the national Healthy People 2010 Project. The report, the product of nearly two years of work of over 200 different community members and agencies, outlines seventeen public health focus areas for the state. Each of the twenty-four jurisdictions also submitted up to three priority areas for inclusion in the report. The purpose of the plan is to identify topics in public health that are supported by data and to outline a plan for the 21st century to improve the focus areas, identifying partners and action steps for implementation.

Of the seventeen statewide focus areas, one issue has emerged over the last few months as particularly important. In the plan, protecting and strengthening public health infrastructure was specifically identified as a priority by Frederick, Harford, Prince George's, and Worcester Counties, as well as the state.

Although the plan was written well before September 11th, much of the information applies to life in public health after September 11th. Preparations for a public health response to West Nile virus, tuberculosis, and even bioterrorism, were well underway throughout the state before the tragedies and accelerated in the weeks following the events.

We must, now more than ever, ensure that our public health workforce is adequate and well trained to handle real and potential threats to our state and our communities. In the November issue of *The Nation's Health*, several articles outlined how public health workers stepped forward to protect the food, air, and safety of the rescue and recovery workers. If you have not yet read the issue, I urge you to do so. It is a reminder of how important basic public health work is to a community at risk.

Another resource is a report produced by the Public Health Association of New York City entitled "Strengthening New York City's Public Health Infrastructure." The report was produced before September 11th and is even more appropriate reading now.

The community is concerned about bioterrorism and wants to know how real the risks are to them personally. The public health community has the responsibility of educating our citizens about these issues and an opportunity to mobilize them to support improvement in our public health infrastructure. We must also support efforts to improve information and data systems in order to efficiently conduct tracking and surveillance of diseases and symptoms to prevent outbreaks and organizational capacities of our local and state health departments to ensure ability to respond to events. The primary public health agencies in Maryland are the health departments but there are many important partners who are also responsible for the health of Maryland residents and these partnerships are even more important today in order to provide "seamless care" to our communities.

For more information on public health infrastructure, please refer to the Maryland HIP 2000 – 2010, website <http://mdpublichealth.org/ohp/html/hip.html>, or New York City's Report, website <http://www.phanyc.org>.

This article was prepared
by Ruth Maiorana

January 2002

Maryland Public Health Association
624 North Broadway, Room 325
Baltimore, MD 21205

ADDRESS CORRECTION REQUESTED

MdPHA Membership Application

Please provide us with the information requested below submit it with payment to MdPHA.

Name:
Degrees:
Work Organization:
Title:
Address:
City:
State:
Zip:
Phone (Work and/or Home):
Fax:
E-mail:

SECTIONS

Latino Caucus
 Public Health Nursing Section

TYPE OF MEMBERSHIP

Regular \$25
 Student (full time) or Retiree \$10

ARE YOU A MEMBER OF APHA?

Yes No

COMMITTEES

Please check if you would like to participate in one of the below:

- Fundraising Committee
- Legislation Committee
- Membership/Public Relations Committee
- Newsletter Publication
- Nominations and Awards Committee
- Program Committee

Maryland Public Health Association
624 North Broadway, Room 325
Baltimore, MD 21205
e-mail: mpha@jhsph.edu
web site: <http://www.mdpha.org>