

2009 ASTHO Annual Report

The Association of State and Territorial Health Officials



Vision

Healthy people thriving in a nation free of preventable illness and injury

Mission

Transforming public health within states and territories to help members dramatically improve health and wellness



2009 ASTHO Annual Report

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Welcome from the ASTHO Executive Director

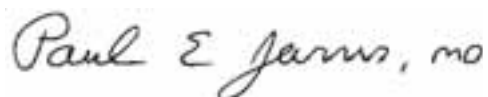
As an association formed and governed by the U.S. state and territorial health officials, ASTHO is working strategically to address the needs of all people served by state public health agencies. As the United States faces daunting financial challenges, every dollar must be invested wisely. The voices of ASTHO members assure that as the belt tightening occurs, we do not sacrifice the critical public health leadership, infrastructure and workforce that assure the wellness of our nation. The strength of their voices is evident in the successful inclusion of \$1 billion for public health and wellness in the economic stimulus package.

ASTHO's strength is its members and their extraordinary dedication and passion for protecting the public's health. The 57 elite health leaders who comprise ASTHO membership have expertise as varied as the states and territories they represent. Though the issues they face may differ, their ultimate goal is the same: to dramatically improve the health and wellness of our states and territories leading America to become the healthiest nation.

ASTHO's staff of public health professionals works with federal and philanthropic partners on behalf of our members to develop and administer innovative public health policies and programs. Their expertise covers the full scope of public health issues facing our membership. We pride ourselves on excellent service to our members, their agencies and our public and private collaborators.

In these difficult economic times, health departments will be challenged to do even more to protect the public's health. Through its members, ASTHO will continue to strive for innovative policies and programs that will lead to healthier states and a healthier nation.

As a former state health official, I can speak first-hand about the demands of the job. With extraordinary responsibility comes extraordinary potential to make a positive difference. Our members demonstrate this everyday. Their strong leadership, resourcefulness, and brave tenacity are what make the organization special... *Because ASTHO is its Members!*



Paul E. Jarris, MD, MBA
ASTHO Executive Director

Officers



Judy A. Monroe, MD
ASTHO President

Governor Mitch Daniels named Dr. Judith Monroe to serve as the Commissioner of the Indiana State Department of Health in 2005. In addition to the responsibilities of commissioner, Dr. Monroe is also the medical director of the state's Medicaid program under the Indiana Family and Social Services Administration (FSSA). This joint appointment is the first in the state's history, linking the financially-oriented Medicaid program with the quality-oriented Department of Health. Prior to joining the Department of Health, Dr. Monroe was director of the primary care center and family medicine residency program at St. Vincent Hospitals and Health Services, Inc., in Indianapolis. Before her work with St. Vincent, she was director of clinics with the Indiana University School of Medicine's Department of Family Medicine. Dr. Monroe earned her medical degree from the University of Maryland, Baltimore.



Paul Halverson DrPH, MHSA, FACHE
President-Elect

Dr. Halverson was professor and the chairman of the Department of Health Policy and Management at the Dr. Fay W. Boozman College of Public Health at the University of Arkansas for Medical Sciences prior to accepting the post of Director of the Arkansas Department of Health. Prior to that, he served for almost seven years as a member of the senior scientific staff at the Centers for Disease Control and Prevention. Dr. Halverson was appointed by the World Health Organization as the director of its Collaborating Center in Public Health Practice. Prior to his appointment at the CDC, Dr. Halverson was a member of the faculty at the University of North Carolina. Dr. Halverson received his doctorate in public health from the University of North Carolina at Chapel Hill and his Masters in health services administration from Arizona State University.



Janet Olszewski, MSW
ASTHO Secretary-Treasurer

Janet Olszewski was appointed Director, Michigan Department of Community Health by Governor Jennifer Granholm in 2003. Ms. Olszewski also served as Vice President for Government Programs and Regulation at M-CARE, a non profit managed care company owned by the University of Michigan. She was responsible for the company's Medicare products; state contracts for the Medicaid, MICHild and Kids Care programs; compliance with state regulatory requirements; and implementation of benefit changes across all product lines. Prior to joining M-CARE, Olszewski spent 23 years with the State of Michigan. She began her state government career with the Office of Services to the Aging.



David N. Sundwall, MD

Immediate Past President

David N. Sundwall, MD, was nominated to serve as the Executive Director of the UDOH by Governor Jon Huntsman Jr. He is on the faculty of the University of Utah School of Medicine as Associate Professor in the Department of Family and Preventive Medicine and has served as an advisor, task force member, and chairman of numerous public health policy and quality committees.

Dr. Sundwall's federal experience also includes serving as the Assistant Surgeon General in the Commissioned Corps of the U.S. Public Health Service, where he had adjunct responsibilities at the Department of Health and Human Services and was the HHS Secretary's Designee to the National Commission to Prevent Infant Mortality. He earned his medical degree at the University of Utah School of Medicine and completed further training at the Harvard Family Medicine Residency Program.



Don Williamson, MD

Past President

Dr. Donald E. Williamson was appointed State Health Officer of the Alabama Department of Public Health in 1992. Prior to that, he served as Director of the Bureau of Preventive Health Services and Director of the Division of Disease Control. Before joining the Alabama Department of Public Health, Dr. Williamson served as state tuberculosis control officer at the Mississippi State

Department of Health. He has served as a member of the Board of Directors of the Public Health Foundation and as a member of the Steering Committee on Access for the Uninsured of the National Academy for State Health Policy. Dr. Williamson received his medical degree, cum laude, from the University of Mississippi School of Medicine.

Executive Team



Paul E. Jarris, MD, MBA

Executive Director

As Commissioner of the Vermont Department of Health from 2003 to 2006, Paul established the state's first inpatient substance abuse treatment program for women and adolescents. He previously served as CEO of the state's largest primary care medical group. He became ASTHO's Executive Director in June 2006.



James S. Blumenstock

Chief Program Officer, Public Health Practice

As New Jersey Deputy Commissioner of Health, Jim supervised four public health divisions. His career has spanned 34 years. He is a recipient of the Swearingen Award for excellence in public health administration.



Lacy M. Fehrenbach

Senior Director, Member Services

Advancing swiftly since first joining the ASTHO staff in Maternal and Child Health, Lacy leads the National Program Office of the Robert Wood Johnson Foundation's State Health Leadership Initiative and plays a key role in administration of ASTHO's governance and providing support to ASTHO's Executive Committee.



Sharon Moffatt, RN, MSN

Chief Program Officer, Health Promotion and Disease Prevention

Sharon served as Commissioner of the Vermont Department of Health from 2006-2008 and as Deputy Commissioner for the four prior years. She was also President of the ASTHO Affiliate, the Association of State and Territorial Directors of Nursing. Throughout her public health career, she has worked closely with the Vermont chapter of the American Academy of Pediatrics to create a model of care coordination in the pediatric care provider setting for at-risk families.



Jim Pearsol

Chief Program Officer, Public Health Performance

As Assistant Director of the Ohio Department of Health, Jim led efforts in strategic planning, workforce, health data, and performance management. Jim is a graduate of CDC's National Public Health Leadership Institute.



Shawn Polk

Chief of Staff

With a background in organizational and workflow management, Shawn brings years of experience helping executive management maintain a consistent and forward-leaning approach to messaging and management strategy. Over his career, Shawn has worked with the executive leadership of a number of private and public agencies including the US Department of Education, the White House, and The Overseas Private Investment Corporation.



Sabrina L. Smith, DrHA

Chief Operating Officer

Previously administering the research program of MedStar Health, an integrated network of seven tertiary care hospitals in the Baltimore-Washington area, Sabrina has worked for 20 years in health care management and research.

ASTHO 2009 and Beyond

At a time when a slumping U.S. economy threatens national priorities of every sort, the Association of State and Territorial Health Officials (ASTHO) is tackling a daunting list of challenges as the Washington advocate for those on the front line of public health.

While the nation copes with what could be the sharpest recession in decades, the demands on state and territorial health agencies continue to mushroom. A sampling of news stories from around the country gives graphic evidence of what states are facing.

Colorado cites a doubling in obesity rates in less than 15 years – one of many states grappling with soaring medical costs linked to overweight Americans. California launches programs to counter deadly antibiotic-resistant infections in hospitals. Arizona worries that climate change could trigger a spike in asthma, bronchitis and a host of other diseases. Alabama confronts a rise in infant mortality, due in part to rising numbers of uninsured families. And a major tobacco company targets West Virginia as the prime test market for “Snus,” a new variety of flavored smokeless tobacco.

Meanwhile, as such public health concerns mount, ASTHO’s 57 member health officials scramble to recruit and retain enough public health workers to meet their diverse needs. Equally important, the public health community in the months ahead must move aggressively to ensure that programs to encourage healthy lifestyles and prevent disease form a central part of landmark federal health reform legislation now being crafted.

“ASTHO must show leadership in getting the nation to reframe the way we look at health,” says Paul Jarris, MD, ASTHO Executive Director. “It’s not just health insurance or health care. What we’re really seeking is a healthy population, and that goal requires a broader strategy that engages not just the health field, but education, private industry, transportation, agriculture and many other sectors. All areas of life need to evaluate activities on the basis of their impact on health.”

“ASTHO is a great value to me to the extent that it serves as a clear and respected voice for public health in Washington, D.C.,” says David Sundwall, MD, the Immediate Past President of ASTHO and Executive Director of the Utah Department of Health. “This means ensuring continued federal support to the states for preparedness funding, the preventive health services block grants and the immunization program.”

A Call For Action

Along with concerns about health reform, ASTHO’s members, facing budget cuts in a lagging economy, are looking to ASTHO more than ever to battle in Washington for the resources they need to deliver essential public health services.

State health officials emphasize that this advocacy role will become even more important as state governments slash spending to cope with recession.

"At a time when demand for our services is increasing, it will be very difficult to hang on to what we've got, especially prevention programs," says Janet Olszewski, MSW, ASTHO's Secretary-Treasurer and the Director of the Michigan Department of Community Health. "ASTHO will need to sound the alarm in Washington about the impact of the recession."

Working with key members of Congress and the Administration, ASTHO in 2008 met the advocacy challenge in helping to secure billions of federal dollars for programs benefiting public health, most of it coming from the Centers for Disease Control and Prevention (CDC). Depending on the state, these funds provided from 50% to as much as 90% of state public health budgets.

Much of this federal funding supports immunization programs that cover children from families without insurance coverage or who cannot afford the out-of-pocket costs. The CDC estimates that childhood vaccines prevent over 14 million cases of disease a year and saves \$10 billion annually in direct medical costs. Even so, the nation still has not reached the Healthy People 2010 goal of 90% immunization coverage for the recommended childhood vaccines.

ASTHO has also provided assistance to states responding to emerging infectious diseases, such as SARS and pandemic influenza. This past June, ASTHO released national preparedness guidance on how to protect at-risk populations during an influenza pandemic. The guidance, developed through a grant from CDC and scheduled for field testing in 2009, contains recommendations from an advisory panel of national experts, as well as from people from the at-risk groups who would be affected.

"It was a tremendously open process," says James Blumenstock, ASTHO's Chief Program Officer for Public Health Practice. "We had people in wheel chairs giving us their perspective. The result is a document that includes everything from identifying at-risk populations and how to communicate with them to the kinds of clinical services needed."

In 2009, ASTHO will hold similar community meetings around the country on the issue of vaccine safety. "We'll be talking to people about the value and benefits of vaccines, as well as the perceived risks," notes Dr. Jarris. Additionally, working with the Copernicus Group, a national research firm, ASTHO hopes to develop better ways to communicate with parents about vaccines. "This is very different from the old approach of saying, 'Just listen to your doctor,'" adds Dr. Jarris. "We want parents to be able to make rational decisions."

ASTHO also has been proactive on other issues of growing concern to its members and the public, such as the "Get Smart" campaign to educate health care workers and the general public about antibiotic-resistant diseases.

John Auerbach, Commissioner of the Massachusetts Department of Health says, "The at-risk populations document is very valuable to those of us who are doing emergency planning, and only ASTHO could have developed it in such an inclusive way and on such a tight timeline."

Together with the George Washington University, Association of Food and Drug Officials (AFDO) and the National Association of County and City Health Officials (NACCHO), ASTHO kicked off a new campaign in June 2008 to address the nation's food safety system. Under a grant from the Robert Wood Johnson Foundation, the organizations held workshops to develop recommendations to enhance state and local roles in detecting and responding to food-borne illness.

Similarly, in September of 2008, ASTHO urged federal agencies to address concerns about the presence of pharmaceuticals and personal care products (PPCPs) in America's drinking water. The association called for development of a national framework for safe disposal of unused PPCPs, as well as research on methods to remove these contaminants from the environment.

From Environment to Preparedness

The PPCP is just the latest in a rapidly growing list of environmental concerns that affect public health. In the first half of 2008, ASTHO brought national experts together with key state and local health agency personnel through a series of webinars. Among the issues explored: heat stress, vector-borne diseases, water availability and water-borne diseases. In July, ASTHO released the "Before the Swarm" guidelines for tackling mosquito-borne diseases in the event of an emergency.

Keeping pace with the burgeoning Green movement, ASTHO has targeted the effect that urban development has on public health. As part of its Healthy Places program, ASTHO recently developed new recommendations to tackle the health impact of the built environment. These are based on a May 2008 Smart Growth Strategy meeting in Sacramento, chaired by Mark Horton, Director of the California Department of Public Health.

In addition, ASTHO supports a new environmental public health tracking (EPHT) network, which matches environmental hazard data with health effects data to improve the ability to recognize new cause and effect relationships.

To answer concerns about such threats as bioterrorism and widespread flu epidemics, ASTHO issued an important new report in September 2008, "Public Health Emergency Preparedness: Six Years of Achievement." Developed in collaboration with NACCHO, the Association of Public Health Laboratories, and the Council of State and Territorial Epidemiologists, the report showed a marked increase in planning and training during the 2002 to 2007 period. In 2002, only 11% of states had plans to deal with a major health threat. Today, every state has a comprehensive, tested plan to protect its residents' health. The report notes that state public health agencies tested their preparedness with more than 700 exercises in 2007 alone.

In another key 2008 report, "States of Preparedness," ASTHO described how 10 states responded to public health emergencies, including the Minneapolis bridge collapse and the shootings on the Virginia Tech campus. "Those real world examples show how the public health community has become better prepared to handle emergencies because of the greater national investment in preparedness through CDC and ASPR and the commitment of states to build the necessary capacities and capabilities," says Blumenstock.

Accent on Prevention

"We need to make sure that public health principles and practice are embedded in health reform, especially more incentives for preventive medicine," says Dr. Sundwall of Utah, who chairs ASTHO's Government Relations Committee.

ASTHO in 2009 will also be working to shape the national debate on health reform to include a strong emphasis on prevention and healthy lifestyles.

ASTHO President Judy A. Monroe, MD, Indiana's state health commissioner, points out that just 3% of the \$2.1 trillion spent annually in the U.S. on health goes to prevention. She is particularly concerned about the sharp increase in childhood obesity, "Even small steps in prevention extend life spans and save substantial health costs," says Dr. Monroe.

Sharon Moffatt, a 25-year veteran of public health and Chief of Health Promotion and Disease Prevention at ASTHO, says there's been substantial progress in the states in targeting chronic disease as the primary culprit in driving up health care costs. "Now, the discussion is shifting to how to prevent these chronic diseases in the first place," adds Moffatt.

In 2008, Moffatt and her team underscored this prevention message. A webinar in August discussed New York City's success in passing legislation promoting menu labeling and banning trans fats in restaurants. A similar webinar in September showcased innovative state efforts to expand access to dental care for low-income families.

At the September ASTHO Annual Meeting, ASTHO joined with NACCHO in a session that stressed the need for a more integrated approach toward chronic disease, as opposed to the traditional CDC strategy of categorical grants for specific areas, such as heart disease, diabetes and tobacco control. "This silo approach discourages the leveraging of resources," says Moffatt.

In the important area of health care access, ASTHO in 2008 received a grant from CDC to examine how to improve funding sources for state offices of minority health. ASTHO also is pushing for greater integration of services, such as clinics that combine immunizations with lead screening and WIC programs.

"I'm very excited about the potential for redefining the relationship between state health departments and CDC on chronic disease," says Paul Halverson, DrPH, ASTHO President-Elect and Director of the Arkansas Department of Public Health. His state is one of three conducting pilot programs testing a strategic management agreement with CDC on chronic disease.

Looking ahead to 2009, Moffatt expects ASTHO to issue a position statement on menu labeling, which will cite examples of exemplary new legislation on menu labeling, as well as evidence that labeling does change behavior. She also expects that ASTHO will produce a new toolkit highlighting successful “self-management courses” in states to address multiple chronic diseases.

On tobacco control, Moffatt says ASTHO will be documenting how state laws on indoor smoking and increases in tobacco “user’s fees” have curbed the rate of smoking.

Finally, in the area of injury prevention, ASTHO will be directing resources to another worrisome problem: Abuse of prescription drugs, which state health officials say causes more deaths than do street drugs.

Raising the Bar

In 2009, ASTHO will step up its campaigns to boost the quality of public health services and demonstrate their value to the people served. With funding from CDC and the Robert Wood Johnson Foundation, ASTHO over the past year conducted two online surveys of 1,000 consumers each and held eight focus groups around the country to probe the overall knowledge of public health. The chief conclusion: Participants knew very little about public health, and most were not aware of their state public health agency.

“Most people surveyed placed a high value on such services as immunization programs and restaurant inspections, but they didn’t make the connection that public health was responsible for those services,” notes James Pearsol, ASTHO’s Chief Program Officer for Public Health Performance.

This groundbreaking marketing research will lead to a new marketing and public service advertising campaign in 2009 with the slogan: “Public Health: We’ve Got Your Back.”

Also on tap for 2009: publication of the first *Atlas of State Public Health*, based on surveys of member departments conducted in 2007 and 2008. Its content will include: vital statistics, populations served, prevention and preparedness programs and much more.

Another key development in 2009 will be the first beta tests of a new public health accreditation program overseen by the Public Health Accreditation Board. The program is funded by CDC and the Robert Wood Johnson Foundation and sponsored by ASTHO, NACCHO, the American Public Health Association (APHA) and the National Association of Local Boards of Health. As many as 30 public health departments – local, state and county – will participate in these pilots, slated for late in the year. ASTHO is already developing a toolkit to help members negotiate the accreditation process, including standards, documentation, and preparation for visits from the independent public health accreditation board.

Georges Benjamin, MD, Executive Director of APHA and former ASTHO president, adds that accreditation will make public health departments more transparent to the public at large and will signal that “we are holding ourselves accountable and have measurable standards.”

Pearsol also expects to see a pilot in 2009 of the Public Health Use Case, a model for developing electronic health records, which is a cornerstone of ASTHO's effort in Informatics.

Overall, the whole issue of who will do the work of public health has become increasingly critical to state health officials. In March 2008, ASTHO released public health workforce data from a 2007 survey of members. Among the key findings:

- ▶ The average age of a public health worker in state government is 47, and the average age of new hires is 40.
- ▶ About 20% of the typical state health agency's workforce is eligible to retire within three years.
- ▶ Acute shortages exist in such specialties as nurses, epidemiologists, lab technicians and environmental health workers.

Those findings were featured prominently in a letter ASTHO sent to the Obama transition team, outlining the priorities of state public health officials. The acute personnel shortages also underscore the need to fund the Pandemic and All Hazards and Preparedness Act, which includes tuition loan forgiveness for students preparing for public health careers.

"That funding would be a huge incentive for people pondering a public health career, but we need to have this support on a sustained, multi-year basis to build the pipeline of new workers on our field," says Dr. Jarris. He adds that ASTHO also will be developing new collaborative programs with its affiliates to match students with practicums and internships in public health, and will also be turning to social networking Web sites to promote job openings in the field.

Priorities For Government Relations

Funding to develop tomorrow's public health personnel is one of many hot legislative issues that ASTHO is tackling. ASTHO and its members in 2008 fought successfully to preserve the \$110 million Preventive Health and Health Services Block Grant, which the Bush Administration had sought to eliminate. ASTHO also helped defeat proposed cuts to CDC and HRSA preparedness programs and succeeded in getting a major boost in funding for public health immunization programs.

As 2008 drew to a close, ASTHO was reaching out to leaders of health-related committees in the new Congress, where health reform legislation is already being framed by such senators as Ted Kennedy (D-MA), Max Baucus (D-MT), and Ron Wyden (D-OR). Rep. Henry Waxman (D-CA) also takes over as the new chairman of the House Energy and Commerce Committee, which handles legislation on health care and climate change. And in the Obama Administration the incoming Secretary of HHS will be naming new executives to influential posts at CDC and HRSA.

With so many changes, ASTHO's annual Hill Day for members will be all the more important, says Barbara Levine, Former Chief of Government Relations and Legislative Affairs for ASTHO. "Even though there is a lot of change going on in Washington, our priorities remain clear. We need to make public health's views known on health reform, and we need to fight hard for such essential programs as immunization, preparedness and preventive health block grants."

In December, legislative representatives from each of ASTHO's member health agencies met for the first time at ASTHO's Policy Summit in Miami to discuss the top legislative priorities for 2009, both at the state and federal level. ASTHO also has been encouraging members to host visits by members of Congress and their staff to demonstrate how public health dollars are put to work.

Backing the Leaders

Beyond legislation, ASTHO conducted a Member Needs Assessment and Satisfaction Survey that provided valuable feedback to headquarters staff in 2008 as they prepared the proposal for a new five-year Cooperative Agreement with CDC. The proposal outlines ASTHO's work plan for more than 20 different program areas affecting public health. "Preparing this RFP was an intense two-month effort by our staff that led to a document of more than a thousand pages," says Dr. Sabrina Smith, Chief Operating Officer of ASTHO. CDC approval of this strategic agreement, updated annually, is essential in funding about 75% of ASTHO's \$12 million annual budget.

The ASTHO Member Services office also is enhancing several of its key programs. For example, the office is upgrading its technical assistance response system to assemble extensive peer-to-peer information on experts in various public health specialties. Response time to member requests for technical information will also be tracked, and the information archived for future use in a "members only" section of the ASTHO Web site, which gets a major facelift in 2009.

Members point out that technical assistance is one of ASTHO's most valuable resources. "ASTHO is in a great position to know what is happening across the nation," says Dr. Monroe of Indiana. "When I have an issue and need to know who in the country I need to call in terms of best practices, ASTHO is my go-to source."

"Oftentimes in public health, we tend to think that we have to reinvent the wheel," adds Dr. Halverson of Arkansas. "ASTHO helps us tap into each other's experiences."

Member Services Senior Director Lacy Fehrenbach says ASTHO will also be more proactive in 2009 in encouraging new members to use SHLI-funded customized technical assistance grants. Fifteen members took advantage of these grants in 2008. Another program – offered for the first time in 2007 – provides four annual strategic planning grants, worth \$10,000 each and available to members on a first-come, first-served basis. Still other projects in the works for 2009: a toolkit to help members prepare budgets and another to assist officials transitioning out of their government positions.

With increased staff support, Member Services plans increased outreach to the more than 100 members of its Alumni Society. “Our alumni are really an untapped resource,” says Fehrenbach. “They include two former assistant HHS secretaries, a former surgeon general, a senior VP at Wal-Mart, deans of public health schools, and executives at major health plans and pharmaceutical companies.”

These programs get high marks from state health officials. “The mentoring program and the leadership training at Harvard were extremely valuable to me,” observes Joann Schaefer, MD, Chief Medical Officer for Nebraska’s Health and Human Services system. “I could not have performed this job as successfully without that help.”

Others note that the average tenure of ASTHO members is three years, and members often have very little time to get up to speed on jobs. “In very short order, you can be looking at food recalls, vaccine shortages and even anthrax scares,” points out Dr. Benjamin of APHA, a former Maryland state health official who serves as an SHLI mentor.

A Pivotal Year

All these initiatives demonstrate ASTHO’s increasing responsibilities as it addresses the challenges of 2009. Members who have watched the evolution of ASTHO for a decade, such as Mary Selecky, Secretary of the Washington State Department of Health and former ASTHO president, point to the association’s growing influence in Washington, its strong ties with CDC, and its expanded capabilities in technical assistance and other member services.

Still, they note that much work remains. Selecky emphasizes, for example, that the organization needs to build relationships beyond HHS, including EPA, USDA and Homeland Security. “Sometimes we’ve focused too much on HHS, even though programs like WIC, administered through USDA, are huge,” says Selecky.

There’s also a growing realization that ASTHO and the 20 health organizations that make up the Affiliate Council, must build bridges with private industry. Toward that goal, representatives from companies involved in ASTHO’s new Corporate Alliance Program attended ASTHO’s December summit. The council includes such major companies as Microsoft, Intel, Pfizer, Merck and Henry Schein.

"Our vision for the council is that companies not only work with us in addressing top health issues, but also develop programs that can be models of excellence to help improve public health," says Dr. Smith.

Dr. Jarris agrees that the corporate world can pioneer many programs that can make a huge difference in improving the nation's health. "Just look at the impact that Wal-Mart pharmacies have made with their \$5 discount prescription program for generics," says Dr. Jarris. He observes that ASTHO was one of the primary founding members, along with CDC and APHA, in the Alliance to Make US Healthiest, started in late 2007 and already numbering more than 150 major companies and non-governmental organizations.

Such alliances may be particularly vital in 2009, as a troubled economy and huge federal deficits put even more pressure on public health as the safety net for essential services. Says Michigan's Janet Olszewski, "With the economy, health reform and a new Administration, 2009 is going to be a very fast-moving year for us, and we'll be looking to ASTHO to alert us promptly on issues that are most important to public health."

"The U.S. spends \$2.1 trillion on health care each year, yet we are only the 37th healthiest nation," says Alliance Executive Director Nick Baird, MD, the former state health director in Ohio and a past officer of ASTHO. "The public health community is beginning to realize that it can't get the job done without enlisting the private sector."

Membership and Governance

Membership in ASTHO is limited to the executive officer of the department of health of any state, territory or possession of the United States as well as the District of Columbia. In addition, a non-voting Alumni Membership category encourages past state health officials to remain active in ASTHO and share their knowledge, experience and perspective on public health issues.

The members of ASTHO serve as the face and voice of state and territorial public health, regularly representing the field and mission to other governmental leaders, the media, clinical medicine, and the private sector at state, regional, national, and global levels. These officials are frequently called on by federal and state lawmakers and national organizations to provide input on the development of public health policy. The leadership, coordination, and position in state government of ASTHO members enables them to effect change in public health policy both in their states and on a national level.

ASTHO members are meta-leaders in their collaboration with other state agencies and in their efforts to help their executive branch peers understand how health agency actions and policies affect and promote health in a broad context. To support these efforts, ASTHO develops educational materials, tracks state and federal policy, and brings together representatives of health agencies to consider public health issues of common interest.

ASTHO members provide expertise and guidance on federal policy through direct dialogue with the U.S. Public Health Service, the White House, Administration agencies, and Congress. They frequently testify before Congress and speak at Capitol Hill briefings. They also serve on committees such as the National Vaccine Advisory Committee, the American Health Information Community Biosurveillance Workgroup, the IOM Forum on Medical and Public Health Preparedness for Catastrophic Events, and the National Board of Public Health Examiners.

ASTHO members also contribute their expertise on public health issues to other countries. A delegation of ASTHO members participated in an Israeli disaster response exercise and met with the Israeli Ministry of Health to exchange knowledge about disaster response infrastructure. ASTHO members in the U.S. Affiliated Pacific Islands (USAPI) play central roles in health diplomacy efforts. Other members work closely with Asia and Oceania on preparedness and infectious disease prevention and control and help support a global public health policy.

Executive Committee

Because of its membership, ASTHO's influence and activities reflect the major positions and concerns of the state health departments. ASTHO is governed by a 13-member Executive Committee that meets four times a year to deliberate on new and amended policies and proposals and is supported by a committee and work group structure whose members address specific issues affecting the association and state health agencies.

- President: Judy Monroe, MD (IN)
- President-Elect: Paul Halverson, DrPH, FACHE (AR)
- Secretary-Treasurer: Janet Olszewski, MSW (MI)
- Immediate Past President: David Sundwall, MD (UT)
- Past President: Don Williamson, MD (AL)
- Rep. Regions 1 & 2: David Gifford, MD, MPH (RI)
- Rep. Regions 3 & 5: Jaime "Gus" Rivera, MD (DE)
- Rep. Regions 4 & 6: C. Earl Hunter, MBA (SC)
- Rep. Regions 7 & 8: Joann Schaefer, MD (NE)
- Rep. Regions 9 & 10: Mark B. Horton, MD (CA)
- Rep. Affiliate Council (Ex-Officio): Scott Becker, MS, APHL
- Rep. Management Committee (Ex-Officio): Jeffrey Lake (VA)
- ASTHO Executive Director (Ex-Officio): Paul Jarris, MD, MBA

Standing Committees

Five Standing Committees provide support and guidance to the association on specific issues: Annual Meeting Program, chaired by Paul Halverson (AR); Finance and Membership/Awards/Nominations, both chaired by Janet Olszewski (MI); Government Relations, chaired by David Sundwall (UT); and Management, chaired by Jeffrey Lake (VA).

Policy Committees

Access Committee

Chair: Mark Horton, MD (CA)

The Access Policy Committee assesses policy and programmatic issues related to access to health services, particularly for vulnerable and at-risk populations. Its focus includes issues of importance to primary care and maternal and child health. The Committee provides ongoing oversight for the Primary Care and Maternal and Child Health projects, funded by the Health Resources and Services Administration's (HRSA) Bureau of Primary Health Care and Maternal and Child Health Bureau and the Partners in Clinical Care Project funded by the Centers for Disease Control and Prevention (CDC) National Center for Health Marketing.

E-Health Policy Committee

Chair: William Hacker, MD (KY)

Formerly named the Public Health Informatics Policy Committee, this committee provides state-based leadership and policy recommendations to strengthen the ability of ASTHO members and partners to use informatics in making key public health decisions.

Environmental Health Policy Committee

Chair: C. Earl Hunter, MBA (SC)

The Committee provides unique, state-based expertise and leadership for environmental health policy and practice. The Committee has actively pursued strengthening the long eroded infrastructure and capacity of state and territorial health agency based environmental health programs, targeting surveillance strategies and the workforce among other issues. Further, the Committee has taken the initiative to bolster policy and practice in areas that include climate change, the built environment and safe food and water.

Infectious Disease Policy Committee

Chair: Jay Butler, MD (AK)

The Committee assesses policy and programmatic issues related to the state and territorial role in infectious disease prevention, surveillance and outbreak response. The Committee provides ongoing oversight for the Infectious Disease and Immunization cooperative agreements, funded by CDC, and is active in a range of policy issues including biosurveillance; antimicrobial resistance; vaccine safety and financing; HIV/AIDS prevention, care and treatment; healthcare-associated infections and patient safety; and immigrant and refugee health.

Performance Improvement Policy Committee

Chair: David Gifford, MD (RI)

The Committee guides the work of two major program areas at ASTHO – Public Health Services (the S/T public health survey, portfolio management, and workforce development) and Performance Improvement (voluntary accreditation, performance standards and quality improvement). The deliberations and recommendations of the Committee address national issues and assist members in overall state-wide performance improvement activities. The Committee's charge includes review of ASTHO's role and contributions to the development of technical assistance programs to prepare states for accreditation.

Public Health Preparedness Policy Committee

Chair: Damon Arnold, MD (IL)

The Committee provides a link between ASTHO's members and the preparedness program area leaders within their agencies. The Committee analyzes preparedness information and public health infrastructure issues and recommends state-based public health policy in this regard. The Committee provides policy guidance to federal partners to support a prepared and sustainable public health system and assists federal partners in fulfilling the requirements of the Pandemic and All Hazards Preparedness Act and Homeland Security Presidential Directive 21.

Prevention Policy Committee

Chair: Susan Cooper (TN)

The Committee provides policy direction for ASTHO on broad-based health promotion and prevention initiatives. This includes oversight for the Chronic Disease Prevention, Tobacco Prevention and Control, and Injury Prevention cooperative agreements with the CDC. The Committee also has responsibility for nutrition, physical activity, injury, chronic disease risk reduction, and social environments that promote health.

Past Presidents

2008	David N. Sundwall, MD (UT)	1977	Lyman J. Olsen, MD, MPH (DE)
2007	Robert B. Stroube, MD, MPH (VA)	1976	Eugene W. Fowinkles, MD (TN)
2007	Mary Mincer Hansen, RN, PhD (IA)	1975	E. Kenneth Aycock, MD (SC)
2006	Leah M. Devlin, DDS, MPH (NC)	1974	Maurice S. Reizen, MD (MI)
2005	Richard A. Raymond, MD (NE)	1973	John S. Anderson, MD (MT)
2004	Mary C. Selecky (WA)	1972	Ira L. Myers, MD (AL)
2003	Mary C. Selecky (WA)	1971	Hollis S. Ingraham, MD (NY)
2002	Georges C. Benjamin, MD (MD)	1970	Alfred L. Frechette, MD (MA)
2001	A. Richard Melton, DrPH (UT)	1969	James E. Peavy, MD (TX)
2000	Patricia A. Nolan, MD, MPH (RI)	1968	Russell E. Teague, MD (KY)
1999	F.E. Thompson, Jr., MD, MPH (MS)	1967	John V. Venable, MD (GA)
1998	Donald E. Williamson, MD (AL)	1966	Bernard Bucove, MD (WA)
1997	Jack Dillenberg, DDS (AZ)	1965	Floyd I. Hudson, MD (DE)
1996	John R. Lumpkin, MD, MPH (IL)	1964	Andrew C. Ofutt, MD (IN)
1995	Christopher Atchison, MPA (IA)	1963	Charles L. Wilber, MD (PA)
1994	Charles S. Mahan, MD (FL)	1962	Malcolm H. Merrill, MD (CA)
1993	Molly Coye, MD (CA)	1961	Mack I. Shanholtz, MD (VA)
1992	M. Joycelyn Elders, MD (AR)	1960	Wilson T. Sowder, MD (FL)
1991	Earl C. Fox, MD, MPH (AL)	1959	D. G. Gill, MD (AL)
1991	John C. Lewin, MD (HI)	1958	Herman E. Hilleboe, MD (NY)
1990	Suzanne Dandoy, MD, MPH (VA)	1957	Franklin D. Yoder, MD (WY)
1989	H. Denman Scott, MD (PA)	1956	Daniel Bergsma, MD (NJ)
1988	Thomas M. Vernon, MD (CO)	1955	J. W. R. Norton, MD (WI)
1987	Woodrow A. Meyers, Jr., MD, MBA (IN)	1954	Harold M. Erickson, MD (OR)
1986	Lloyd F. Novick, MD, MPH (NY)	1953	Carl N. Neupert, MD (WI)
1985	Joan K. Leavitt, MD (OK)	1952	Leroy E. Burney, MD (IN)
1984	Kristine Gebbie, RN (OR)	1951	Roy L. Cleere, MD (CO)
1983	Douglas S. Lloyd, MD, MPH (MD)	1950	Wilton L. Halverson, MD (CA)
1982	Robert Bernstein, MD, FACP (TX)	1949	R. H. Hutcheson, MD (TN)
1981	James B. Kenley, MD (VA)	1948	Vlado A. Getting, MD (MA)
1980	Robert P. Whalen, MD (NY)	1947	F. C. Beelman, MD (KA)
1979	Alton B. Cobb, MD, MPH (MS)	1946	J. C. Riggins, MD (VA)
1978	John A. Beare, MD, MPH (WA)	1945	William G. Grayson, MD (AR)

ASTHO Alumni

Former state health officials remain active in the public health policy arena through membership in the ASTHO Alumni Society, an exclusive membership group within ASTHO available only to former SHOs. Membership in the Society provides an opportunity for alumni to stay informed as well as to share their knowledge, experience, and perspective on public health issues.

Society members participate on internal committees and represent ASTHO on various external taskforces and boards. Members receive all ASTHO publications, access to secure on-line contact information, and discounted member registration rates for ASTHO's Annual Conference.

- President: Jan Malcolm, Chief Executive Officer, Courage Center
- President-Elect: David R. Johnson, MD, MPH, Senior Director, Global Scientific & Medical Affairs, sanofi pasteur
- Secretary-Treasurer: Eduardo J. Sanchez, MD, MPH, Vice President & Chief Medical Officer, Medical Blue Cross Blue Shield of Texas
- Past President: Diana M. Bontá, DrPH, RN, Vice President, Public Affairs, Southern California Region, Kaiser Permanente
- Member-at-Large: Mary Mincer Hansen, RN, PhD, Associate Professor, Masters of Public Health and Global Health Department, Des Moines University

Affiliated Organizations

ASTHO has a network of 20 Affiliated Organizations that serve other health agencies. The Affiliates, like ASTHO, are committed to promoting and protecting the public's health and preventing disease and injury by assuring the conditions by which people can be healthy. ASTHO and the Affiliates meet quarterly to share information on major initiatives and identify ways the organizations can align to better support states and territories in their efforts to create and achieve public health outcomes. The Affiliated Organizations are chaired by Scott Becker, Executive Director, APHL and include:

ASSOCIATION OF HEALTH FACILITY SURVEY AGENCIES
ASSOCIATION OF IMMUNIZATION MANAGERS
ASSOCIATION OF MATERNAL AND CHILD HEALTH PROGRAMS
ASSOCIATION OF PUBLIC HEALTH LABORATORIES (APHL)

ASSOCIATION OF STATE AND TERRITORIAL DENTAL DIRECTORS
ASSOCIATION OF STATE AND TERRITORIAL DIRECTORS OF NURSING (ASTDN)
ASSOCIATION OF STATE AND TERRITORIAL LOCAL HEALTH LIAISON OFFICIALS
ASSOCIATION OF STATE AND TERRITORIAL PUBLIC HEALTH NUTRITION DIRECTORS
ASSOCIATION OF STATE AND TERRITORIAL PUBLIC HEALTH SOCIAL WORKERS
COUNCIL OF STATE AND TERRITORIAL EPIDEMIOLOGISTS
DIRECTORS OF HEALTH PROMOTION AND EDUCATION
NATIONAL ASSOCIATION OF CHRONIC DISEASE DIRECTORS
NATIONAL ASSOCIATION FOR PUBLIC HEALTH STATISTICS AND INFORMATION
THE NATIONAL ASSOCIATION OF STATE EMERGENCY MEDICAL SERVICES DIRECTORS (NASEMSD)
NATIONAL ASSOCIATION OF STATE OFFICES OF MINORITY HEALTH (NASOMH)
NATIONAL COALITION OF STD DIRECTORS (NCSD)
NATIONAL PUBLIC HEALTH INFORMATION COALITION (NPHIC)
STATE AND TERRITORIAL INJURY PREVENTION DIRECTORS (STIPDA)
STATE PUBLIC HEALTH VECTOR CONTROL CONFERENCE (SPHVCC)
NATIONAL ALLIANCE OF STATE AND TERRITORIAL AIDS DIRECTORS (NASTAD)

Collaboration Across the Nation

ASTHO's ability to meet the goals and needs of the public health system depends on collaboration with a wide range of organizations.

Research

- ▶ ASTHO is actively engaged with a national network of academic researchers, has a presence on the national Data Harmonization Advisory Board, and participates in activities associated with the development of the National Public Health Performance Standards.
- ▶ ASTHO has also dedicated time and resources to the Public Health Advisory Board research and evaluation committee.
- ▶ ASTHO works with the Association of Schools of Public Health to document workforce shortages and alleviate recruitment issues and sits on its Preparedness Core Curricula Work Group and International/Global Health Collaborative.
- ▶ ASTHO partners with all the national and regional public health training centers and leadership institutes, and maintains a presence on the Public Health Leadership Society Council.

Health ReForm

- ▶ ASTHO, NACCHO, and the CDC founded the Alliance to Make US Healthiest. Through it, partnerships extend to over 100 organizations, including America's Health Insurance Plans; AARP; the American Hospital Association; the American Medical Association; the American Public Health Association; The Aspen Institute, Center for Health Transformation; CDC Foundation; Institute of Medicine; Markle/Connecting for Health; National Business Coalition on Health; National Governors Association; Partnership for Prevention; Trust for America's Health; U.S. Chamber of Commerce; U.S. Conference of Mayors; World Economic Forum; National Association of Counties; and the National Conference of State Legislatures.
- ▶ Strong collaborative opportunities also exist between ASTHO and the Smart Growth Network, a coalition of over 20 organizations committed to advancing policy in built environment-related issues.

Government

- ▶ Governmental entities such as White House staff, the Secretary of HHS, and various HHS agencies regularly partner with ASTHO on national issues. ASTHO's collaboration with the HHS Secretary's office, FDA, and Roche led to an extension of the antiviral, Tamiflu, shelf life to seven years. This reform saved states up to \$200 million, while simultaneously advancing national preparedness.
- ▶ ASTHO's relationship with the Pacific Island Health Officers Association, which represents the health interests of U.S. territories and the freely associated Pacific island nations, enhances the exchange of information and leverages the United States' investment in global health protection.
- ▶ ASTHO works with the National Indian Health Board (NIHB), which advocates on behalf of all tribal governments, to provide quality health care for American Indians/Alaskan Natives. ASTHO has a presence on the Tribal Consultation Advisory Committee and provides consultation on public health accreditation and preparedness issues.

At-Risk Populations

- ▶ ASTHO also has a history of working with groups dedicated to improving the health of at-risk and vulnerable populations. Through our At-Risk Populations Pandemic Influenza Preparedness Project, ASTHO developed national consensus guidance. This strongly committed workgroup is made up of Collaborating Agencies Responding to Disasters, the American Association of Health and Disability, the Community Action Partnership, the American Red Cross, and other national organizations.

Focus Areas

- ▶ ASTHO provides leadership and support to the Directors of Public Health Preparedness (DPHP), which consists of the public health and health system preparedness grantees at the state, territorial, and directly-funded city levels. The DPHP is a resource to the Preparedness Policy Committee in the formulation and promotion of sound public health preparedness policy. Topics recently addressed by the DPHP include countermeasure delivery, regional preparedness, performance metrics for preparedness, and state and local budget challenges.

- ▶ The State Environmental Health Directors (SEHD), an internal peer group, is another group that receives support from ASTHO. The SEHD has advanced practice and policy in the states this past year by responding to the contamination of drinking water by pharmaceuticals and personal care products, indoor air quality issues, and the health impacts of climate change.

Impact and Achievement

ASTHO is its members. As such, it is a mature, resilient, outcomes-driven organization that embodies the behaviors and ethics of state and territorial health officials. Its recent contributions to public health include the following:

Influence: ASTHO's sphere of influence envelops national policy and decision makers, state and local governments, clinicians, and business and industry, including the media.

- ▶ ASTHO helped shape landmark legislation—the *Pandemic and All-Hazards Preparedness Act of 2006*.
- ▶ ASTHO's work with states, the NCSL, NGA, and the Association of Maternal and Child Health Programs has resulted in legislation in Wyoming to raise the cigarette tax and earmark proceeds for health outreach and services; the introduction of legislation in Kansas to create a statewide commission on health; an effort in Arkansas to address childhood obesity; and the introduction of legislation to require schools to participate in obesity reduction activities.
- ▶ ASTHO's efforts contributed to increased funding for the Section 317 Program, resulting in more people being protected from vaccine-preventable diseases.
- ▶ ASTHO's position on increased use of external-cause-of-injury codes on hospital forms contributed to CDC recommendations (*MMWR 03-27-08*) calling for improved E-coding.
- ▶ Working with the HHS and the pharmaceutical industry, ASTHO compelled decision makers to create a shelf-life extension program for state and territorial pandemic influenza antivirals, resulting in considerable cost savings and increased availability of the medical countermeasures.

Leadership: ASTHO is a recognized leader in shaping national public health policy and practice and in helping its members to excel.

- ▶ The ASTHO survey on minority health and health disparity activities within state and territorial health agencies was the first to collect best practices and provide a comprehensive baseline examination of public health structure, function, and capacity.
- ▶ ASTHO organized the Directors of Public Health Preparedness and the State Environmental Health Directors to support their professional development and improved performance.

- ▶ ASTHO heads a collaboration to develop guidance on protecting vulnerable populations.
- ▶ Since 1999, 122 state and territorial health officials have accelerated their leadership development by participating in the State Health Leadership Initiative (SHLI) led by ASTHO and funded through a grant from The Robert Wood Johnson Foundation.

Mobilization and Response: ASTHO rapidly mobilizes to support its members, partners, and the U.S. government with public health issues.

- ▶ ASTHO provides rapid technical assistance to members on a range of important issues.
- ▶ ASTHO coordinates and disseminates critical information to enhance state response efforts and foster effective use of mutual aid compacts.
- ▶ ASTHO provides quick unified responses when the need arises. Our response to a *Federal Register* notice soliciting comments on the Standard Occupational Classification—Revision for 2010 resulted in a proposal that accurately reflects the principal occupations of the public health workforce and ensures improved public health workforce data.
- ▶ ASTHO quickly identified state strategies, barriers, and program considerations to benefit agencies in addressing the growing epidemic of prescription drug abuse and overdose.
- ▶ ASTHO developed a landmark comprehensive guide for public health officials in response to the West Nile virus epidemic that aided in reconfiguring the approach to tackling mosquito-borne diseases.

Information: ASTHO plays a vital role as a source of data, critical to shaping future strategies and tactics.

- ▶ ASTHO's 2007 Privacy Survey aided jurisdictions in re-structuring privacy, security, and legal functions.
- ▶ The ASTHO white paper, *Innovations in Public Health: Understanding State Public Health (2007)*, clarified the need to create effective messages promoting the value of state public health.
- ▶ The findings of a 2007 ASTHO survey on workforce demographics, hiring strategies, retirement trends, and shortage areas provided 48 state workforce profiles and an interactive map on the ASTHO Web site.
- ▶ ASTHO's plan for the enumeration of the entire public health workforce, piloted enumeration strategies, and informed a national enumeration methodology.
- ▶ ASTHO's ongoing collection of promising practices and success stories has enhanced the state of national preparedness.

Transformation: ASTHO is a change agent in the modernization of the nation's health system.

- ▶ The Chronic Disease Integration Partnership, created by ASTHO and CDC, leverages systematic approaches to the effective delivery of chronic disease policies, programs, and services.

- ▶ ASTHO demonstrates its support of healthy lifestyles through its workforce wellness committee, smoke-free and healthy foods policies, a green office policy, and the expenditure of its financial resources in cities that have adopted similar public health legislation.
- ▶ In partnership with CDC, RWJF, and other national public health organizations, ASTHO is raising the expectation for voluntary national accreditation of public health agencies and launching the Public Health Accreditation Board.

Corporate Alliance

ASTHO accomplishes its mission primarily through membership dues and federal and private foundation grants. More recently, ASTHO has sought new opportunities to partner with private sector organizations to improve the public's health. ASTHO's mission drives every relationship and program. Companies or foundations that support good public health practices, are interested in discussing ways to meet current challenges, want to keep current on ASTHO news, and receive event discounts are encouraged to participate in ASTHO's Corporate Alliance Program.

Corporate Alliance Participants:

ESRI

Frito Lay, Inc.

GlaxoSmithKline

Henry Schein, Inc.

Intel Corporation

Merck & Co., Inc.

Microsoft Corporation

Novo Nordisk

Pfizer Inc.

Roche

Sanofi Pasteur

STC

ASTHO Awards

Vision Awards

Created in 1990, the Vision Awards recognize outstanding state health department programs and initiatives that use a creative approach to address public health needs or problems.

Award contenders are separated, evaluated, and recognized in two different categories: Category A (programs with budgets over \$250,000) or Category B (programs with budgets under \$250,000). All states are limited to two submissions in each category. The winners in each category receive monetary awards and special recognition at the ASTHO Annual Awards Luncheon.

2008 Winners

CATEGORY A: *The Rhode Island Immunize for Life Program.*

CATEGORY B: *Scale Back Alabama: A Healthy Lifestyle Program.*

The McCormack Award

Established in 1950 to honor the late Arthur T. McCormack, a Kentucky State Health Official, this award is presented each year to a current or former public health official who has served in public health for at least ten years, has demonstrated excellence, and has made a significant contribution to the knowledge and practice of the field.

2008 Winner

North Dakota State Health Officer Terry L. Dwelle, MD, MPH

Presidential Meritorious Service Award

The Association of State and Territorial Health Officials 2008 Presidential Meritorious Service Award is presented at the discretion of the ASTHO President, in recognition of exemplary and meritorious service to ASTHO and the public health community.

2008 Winners

Mississippi State Health Officer F. E. "Ed" Thompson, Jr. MD, MPH and Patrick M. Libbey, Executive Director of the National Association of County and City Health Officials

The Noble J. Swearingen Award

Since 1979, the Noble J. Swearingen Award, named for a former Executive Director of ASTHO, has been bestowed each year on one individual in public health administration who has ten or more years of experience in a state health agency and five or more years of service to the ASTHO Management or similar committee.

2008 Winner

Eric C. Blank, DrPH, Lab Director, Missouri Department of Health and Senior Services

The Alumni Award

This award is presented to a former chief state health official who has demonstrated continued commitment to public health.

2008 Winner

Georges C. Benjamin, MD, FACP (alumnus DC and MD), Executive Director, American Public Health Association

The Excellence in Public Health Award

This award recognizes outstanding service on behalf of the public health community. The award is presented for outstanding national leadership in promoting health and preventing disease as an alternative to more costly payments for sickness and illness. It is presented in two categories, national-level and local-level leadership.

2008 National Winners

Dr. James Marks, Senior Vice President, The Robert Wood Johnson Foundation and California Governor Arnold Schwarzenegger

Jim Parker Memorial Award

The Jim Parker Memorial Award recognizes initiatives that create or improve collaboration between state and local health departments. The award was established in 1993 to honor the memory of Jim Parker, who served as Director of the Community Health Services Division of the Minnesota Department of Health. The award is only available to state and local health departments. Joint state/local applications are encouraged but not required. This award is offered jointly by ASTHO, NACCHO, and ASTLHLO.

2008 Winner

Redesigning Public Health in Iowa. Submitted by: L. Graham Dameron (Iowa Counties Public Health Association) and Tom Newton (Iowa Department of Public Health)

Publications

2007 State Public Health Workforce Survey Results (February 2008)

A 2003 survey of the shrinking public health workforce revealed a growing trend toward shortages in the public health workforce. Data from a 2007 survey of ASTHO members confirms that little has changed and that state governmental public health still faces a workforce crisis. Despite ongoing efforts, the state public health agency workforce is graying at a higher rate than the rest of the American workforce. State health agencies continue to be affected by workforce shortages. These trends combine to create critical challenges to the ability of states to effectively respond to threats to the public's health.

Privacy and State Public Health 2007 Survey (February 2008)

This survey gathered information about privacy officers and the privacy function in state health agencies. Additional topics include the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule, breach notification, and the impact of the Family Educational Rights and Privacy Act (FERPA) on public health activities. The survey was designed to support a better understanding of the privacy function in state health agencies and the challenges facing privacy officers. Survey responses are also informing plans for future ASTHO activities.

At Risk Populations in Emergencies: A Review of State and Local Stories, Tools, and Practices (April 2008)

This report is the second in a series on data-gathering methods used to inform the development of the guidance. It explores stories, tools, and projects issued by state and local agencies, reviewing them to determine the extent of preparation to protect at-risk populations.

Collaborating with Community Health Centers for Preparedness (May 2008)

This report—a collaboration of the Association of State and Territorial Health Officials (ASTHO), the National Association of Community Health Centers (NACHC), and the National Association of County and City Health Officials (NACCHO)—outlines the roles and responsibilities of each partner in emergency responses and provides examples and recommendations for effective collaboration among the partners.

The SNS Selected Promising Practices (June 2008)

An overview of innovative SNS tools and methods from six workshops held in 2007 and 2008.

At-Risk Population and Pandemic Influenza: Planning Guidance for State, Territorial, Tribal, and Local Health Departments (June 2008)

In 2007, ASTHO received funding from the CDC to develop guidance for state, territorial, tribal, and local health departments on at-risk populations in an influenza pandemic. ASTHO worked with state, local, tribal, and territorial health agencies; federal entities including CDC; and other key stakeholders to develop this guidance. The premise of this guidance is that certain populations are at increased risk of harm during an influenza pandemic; special provisions, plans, and procedures must be arranged prior to an event to ensure the health and safety of these groups. Prior to this project, there was no specific national guidance in place to direct the development of such plans.

Before the Swarm (July 2008)

Mosquito-borne diseases pose a continual threat to the nation's health. Worldwide, mosquito-borne diseases kill over one million people each year and sicken more than 700 million people annually. Many of these diseases exist in the United States, and other dangerous pathogens could be just a plane ride away from entering the country. In response to this threat, this document provides straightforward and realistic guidance to help state and local agencies, non-governmental organizations, and private industry groups prepare for the emergency management of mosquito-borne disease outbreaks. This document addresses three trigger events (existing diseases, natural disasters, and exotic diseases) that could necessitate an emergency response.

Using the Private Sector to Support RSS Functions for the SNS (July 2008)

The private sector's engagement in RSS (Receipt, Stage, and Store) functions in relationship to the SNS (Strategic National Stockpile) is driven by the principle that a more efficient response to an outbreak can be achieved by partnering with businesses that routinely perform RSS-like functions. Such businesses have the logistical expertise, staff, facilities, and equipment that public health entities may need to mount an effective response. This document describes how some state public health agencies are working with private businesses to address RSS duties. It also offers direction for those who have yet to work with the private sector.

At Risk Populations Project Federal and National Document Review (August 2008)

This report documents the extent to which federal and national-level guidance addresses at-risk populations, provides a summary of review, and lays the groundwork for implementation of the full At-Risk Populations Project.

2007-2008 Regional SNS Workshops Presentations (September 2008)

A series of six regional workshops was held between November 2007 and March 2008 to enhance federal, state, and local planning for emergency deployment of the Strategic National Stockpile (SNS). Each workshop featured presentations from state and local health agency staff detailing solutions to the challenges in their SNS planning. High priority themes that emerged from the workshops were educating the public, coordinating at the inter- and intrastate level, utilizing volunteers, including at-risk populations, and building public-private partnerships. This report provides an overview of the innovative SNS tools and methods from the six workshops.

At Risk Populations Project Engagement Meetings: Final Report (September 2008)

This report is a comprehensive summary of the engagement meetings that occurred in March 2008. Each meeting followed a similar structure. Participants first listened to presentations by federal, state, and local public health officers on pandemic influenza and what may occur during a pandemic. Participants then met in small groups to discuss the definition of at-risk populations, identify their unique needs, and recommend ways to meet those needs. Finally, each group proposed two to three specific recommendations on issues to be considered in the guidance. The guidance became part of a ballot subsequently used to poll participants, with responses based on a five-point Likert scale.

Public Health Emergency Preparedness: Six Years of Achievement (September 2008)

If a bioterror attack, flu pandemic, or other public health emergency hit the United States tomorrow, would state and local health agencies be prepared? This new report says "yes." The report provides key data showing progress in all aspects of state and local health agency preparedness since 2002.

States of Preparedness Edition 2 (October 2008)

This edition offers a look at how public health agencies responded to ten different emergencies. These incidents cover the time period from October 2006 to April 2008. The report focuses on how the state health agency improved its response to a series of disease occurrences over time. The stories reflect the geographic diversity of ASTHO's membership, the variety of threats that health agencies encounter, and the multitude of capabilities they have built to respond effectively.

Prescription Drug Overdose: State Health Agencies Respond (December 2008)

A product of collaboration, this report presents state health agency leadership perspectives on how prescription drug overdose has emerged as a state and national health problem. It also shows the increasing awareness of the problem; which prevention and monitoring strategies have shown promise; and the infrastructure, technology, prevention partnerships and leadership required to comprehensively combat and reverse this emerging issue.

Online resources, including the documents above and ASTHO's policy and position statements can be accessed at www.astho.org

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