

NIPHC

BUSINESS NEWSLETTER

A. Committee Reports

1. *Geographic Information System (GIS) Committee*

The GIS Work Group is actively holding meetings every other month at the Chicago Department of Public Health's Administrative Offices in the loop. Each meeting serves 3 unique functions. A business portion exists to discuss state and regional GIS developments and organize any potential coordination for public health intervention or collaborative effort on behalf of emergency drills. A second portion of the meeting consists of a guest presentation from a member department where a recent GIS study is presented to the group for discussion. The final agenda of each meeting is a technical workshop necessary to facilitate practical skill development where a new GIS topic is demonstrated followed by a student exercise from the lesson book *The GIS Tutorial for Public Health* by Kristen Kurland and Wilpen Gorr. Additionally, the group has established an IDPH supported email list consisting of public health GIS staff and their local government GIS managers as well as a web based GIS data repository and information portal.

The GIS Work Group is led by Kevin Gibbs, GIS Coordinator for the Chicago Department of Public Health, who was recently elected to the board of the Illinois GIS Association; Amy Herman-Roloff of the Northern Illinois Public Health Consortium; and Phil Pittman, GIS Manager of the Illinois Department of Public Health. Anyone interested in learning more about the GIS Work Group should contact Mr. Kevin Gibbs at 312-747-9610.

2. *The Northern Illinois Public Health Information Network (NIPHIN), or Public Information Officer (PIO) Committee*, submits the following committee update:

- The PIOs met Dec. 19 in Oak Park and discussed the recent online survey that is part of the consortium media campaign. The survey results are extensive and the PIOs will develop at least one action plan for 2007 from the survey findings.
- The PIOs also discussed public health topics for a message briefing book that would be a media resource to be shared by all consortium health departments. Additional training is also planned as part of the media campaign.
- Leadership responsibilities for 2007 were determined: Leslie Piotrowski of Lake County takes over as committee chair, Sheri Brazley of Chicago as vice-chair, and Tiffany Bronk of Lake as secretary. A meeting schedule for 2007 was decided with the next meeting on Jan. 23 in Chicago that will feature instruction on the Chicago HAN.

3. *Emergency Response Coordinator (ERC) or Preparedness Committee*

In December, the preparedness committee members met with the Illinois Department of Public Health and emergency planners from around the state for the first meeting of what is being called the "Health and Medical Taskforce". Much effort was put forward to determine what the most pressing preparedness needs of the state are and how the parties involved could work together to accomplish these needs balancing grant requirements, local obligations and the many other factors facing each jurisdiction. Items being explored for possible action include: better coordinating public information statewide, creating all-hazards templates, coordinating exercises for the coming year and improving Strategic National Stockpile procedures. At the end of the planning session there was not clear consensus as to next steps, but the process had started and the increased statewide communication should yield results.

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4. *The Environmental Health (EH) Committee* is involved in environmental planning to address regional concerns and help enhance capacities of local health departments to improve environmental needs.

The committee is currently discussing the following issues:

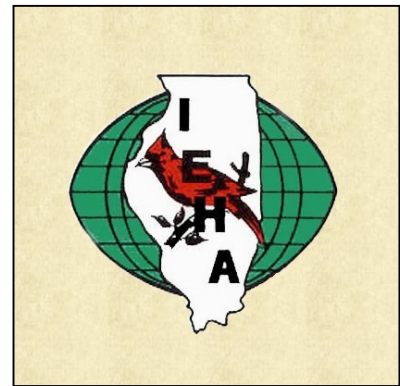
- How best to approach the upcoming IEPA public hearings for their NPDES Permit ILG4.
- How each NIPHC LHD addresses several (in-house) water well program permit-related issues (with the intention of developing/maintaining consistency).
- Possibly forming a position to provoke a change in the Local Health Protection Grant rules with respect to the Potable Water Supply Program. Each LHD (per the LHPG) is required to perform one (very time consuming and difficult to schedule) comprehensive water well inspection for each driller practicing within their jurisdiction per year. Many drillers practice in a number of jurisdictions throughout the region, thus being subject to this special inspection multiple times in a single year. The EH committee feels one/region/year vs. one/LHD/year is ample to meet the intent of the Rule. The committee's thought: a comprehensive inspection of "driller A" by LHD X should satisfy the requirement to inspect driller A's work for LHDs B, C, D, etc. LHD X would share the final inspection report with fellow LHDs.

B. Environmental Health Practitioner Act Sunset Extended

Illinois Environmental Health Association (IEHA) News
December 2006- Volume XXXV, Issue IV

By Wil Hayes

2006 has been a busy year for IEHA working to ensure that the professionalism of the membership is not lost. I would hope the entire membership is aware by now that the Environmental Health Practitioner Licensing Act (LEHP) was due to sunset as of January 1, 2007. This would mean that there would be no professional credentialing in Illinois for individuals who work in the environmental health field.



The Illinois Environmental Health Association has actively been working to ensure that the LEHP Act is renewed. IEHA partnered with other organizations that have an interest in the environmental health field to work together to ensure the Act is renewed. IEHA has even hired a lobbyist to be a constant voice for us in Springfield. The membership has undertaken letter writing and a postcard campaign to notify the legislature that the renewal of the act is important not only to those who work in the environmental health field, but to the public.

With all that being said, it would appear that the renewal of the act would have been an easy task. However, with the election going on and the short six (6) day veto session and many other pieces of legislation to be taken care of, the renewal of the LEHP act has been a difficult task. At the last minute, Speaker Madigan proposed legislation to amend a bill granting a two-year extension to the Environmental Health Practitioner Act. The bill is now on the Governor's desk for signature.

The extension is not the answer the Association or its partners wanted, but it is better than no Act at all. IEHA has already started talking to their partners and planning for the spring legislative session. The Association has not abandoned the goal of amending the Act to ensure that those individuals who were not educationally qualified to sit for the LEHP exam but were grandfathered in as LEHP-in-Training 4 years ago would be able to maintain the LEHP in training status beyond the 6 year maximum as long as they work in the environmental health field. This amendment is a crucial part of legislation IEHA plans to have in a bill during the spring legislation session. In addition, the Association wants a ten-year extension of the Act's sunset.

The IEHA Board realizes the Act's amended renewal will not be as easy of a task as we had hoped. The IEHA Finance Committee is recommending that money be budgeted during the 2007 fiscal year to continue working with the lobbyist. The Board will also be asking the membership to take an active part in the renewal process. Once the bill is posted that addresses the LEHP Act, we will need the membership

to call their Representative and Senator and ask for their support. It will also be important to educate them as to why the Act is important to educate them as to why the Act is important. IEHA will also be working with those organizations that they worked with last year and asking for there continued support.

It was very disappointing to learn that the LEHP Act was not a big enough issue to be renewed as IEHA as hoped, but it was at least important enough to not be allowed to sunset. The IEHA Board wants the membership to know that they confident that due to the hard work of the membership to know that they are confident that due to the hard work of the members, the Act will be renewed in 2007 with the much-needed amendment.

**C. Request for Applications:
Public Health Prevention Service (PHPS) 2007 Field Assignments**

This message was sent to NACCHO's Primary Care E-mail Distribution List

The Public Health Prevention Service (PHPS) Program at the Centers for Disease Control and Prevention, Office of Workforce and Career Development, announces the Request for Applications (RFA) from public health agencies for 2-year field assignments for the 2006 class of Prevention Specialists. The PHPS program was created in response to the need for a trained workforce of professionals who can readily apply science, research, and theory to public health program management. During their first year, Prevention Specialists complete two 6-month rotations at one of CDC's centers, institute, or offices. During their second and third years, Prevention Specialists are assigned to a single 2-year field assignment at a public health agency. A competitive application process matches eligible public health agencies with Prevention Specialists on the basis of program needs and each Specialist's interests.

The 25 Prevention Specialists in the 2006 class arrived at CDC in October 2006, and will be eligible to serve in their 2-year field placement during early October 2007 and end in October 2009. The RFA announcement is available on the PHPS Internet site at <http://www.cdc.gov/epo/dapht/phps/agency.htm>.

State and local health agencies, departments of environment, Indian Health Service area offices, tribal organizations, and other public health agencies (i.e., community-based organizations, foundations, and universities with a strong collaboration with state and local health agencies) are eligible to submit applications.

The deadline for the two-page Letter of Intent (LOI) is **January 19, 2007** (no later than midnight, Eastern Standard Time). Successful applications from the LOI phase will be invited to submit a full application, which is due April 2, 2007. Please forward this information to any of your key grantees or partners who might benefit from having a Prevention Specialist assigned to them for 2 years. For questions regarding the PHPS Program or this announcement, please contact Marlisa Hughes, at 404-498-6288.

D. [Health] Walk away from heart disease

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By Sarah A. Klein
Jan. 01, 2007

Finding a high-impact, low-cost way to improve the health of Chicagoans was easier than we expected because the biggest threat was staring us in the face: heart disease.

The leading cause of death in Chicago, heart disease killed 6,700 people in 2002, the latest year for which the Chicago Department of Public Health has data.

To find a solution we turned to local cardiologists. Their recommendation: Walk 30 minutes a day. It's a simple step that will halve the risk of heart disease and stroke and lengthen lives. Research shows that for every hour of physical activity, adults gain two hours of life.

"It is probably the most powerful advice doctors can give their patients and yet doctors don't do it," says Annabelle Volgman, medical director of Rush University's Heart Center for Women.

While advice from the folks in the white coats can often bring about a reversal in behavior, it doesn't always work. A 2005 study by the University of Florida found that when it comes to following doctors' orders to exercise, patients completed only 60% of the prescribed amount. Anyone who's talked herself off a treadmill and onto the couch with Ben & Jerry knows how easy that is.

Adhering to an exercise regimen is the hard part, after all. Only 25% of the population finds exercise pleasurable and is highly motivated to hit the gym, says Wojtek Chodzko-Zajko, head of the kinesiology and community health department at the University of Illinois at Urbana-Champaign. Helping the rest requires a system that both encourages and rewards participation.

That, too, is easier than it seems. Programs that make use of proven motivational techniques — friendly competition, camaraderie, goal setting — already exist. Better still, they are free.

Two programs in particular stand out: one designed by the non-profit America on the Move Foundation in Boston, the other created by the Dallas-based American Heart Assn. Both provide turnkey systems for organizing walking groups.

The groups offer free software to track participants' mileage and encourage friendly competition among colleagues. The software allows walkers to map distance covered along famous paths, such as the Lewis and Clark Trail. Both groups also provide publicity materials to inform walkers of the benefits of their perambulation, and offer easy-to-implement suggestions for adding steps or cutting calories.

The America on the Move program is already used by more than 4,700 companies nationwide. The American Heart Assn.'s Start Walking program is set to launch Jan. 1. The heart association has tested the program on its own employees: Members of the top-ranked team have walked 30 miles a week on average. "Having a built-in system keeps you accountable," says an association spokeswoman.

Advocate Health Care, the Oak Brook-based hospital system that is one of the area's largest employers, has pledged to encourage its 25,000 workers to exercise using the American Heart Assn.'s campaign. So has FifthThird Bank.

Corporate support "makes a huge difference in getting people to stick with it over time," says a spokeswoman for America on the Move. Beyond employers, churches and community groups should do more to reinforce the importance of walking, too.

The more repetitive and sustained the message, the more effective it will be, says Terry Mason, commissioner of the Chicago Department of Public Health, which is clearing the way for a walking path within its South Loop office. "If you want to change behavior you have to show the behavior you want to change," he says.

Maybe then we can lose our ranking by *Men's Fitness* magazine as America's fattest city. More importantly, walking offers us all a chance at longer, healthier and happier lives.



Patients follow only 60% of their doctors' exercise orders. But a sustained message could help, Terry Mason, left, says. Photo: Callie Lipkin