



DIRECTIONS

PHMC Helps Region *Combat H1N1*

When Americans first started reporting cases of H1N1 in March 2009, government officials swiftly responded. In Pennsylvania, Public Health Management Corporation was at the forefront of the battle against H1N1. PHMC helped coordinate county and regional level emergency preparedness initiatives, collaborated with the Pennsylvania Department of Health to hire emergency preparedness staff and administered the H1N1 vaccine at clinics throughout Philadelphia.

But PHMC's preparations for H1N1 started long before the virus broke out in the U.S. In March 2008, PHMC launched



“ A COORDINATED PUBLIC INFORMATION RESPONSE to H1N1 or any public health emergency **IS ESSENTIAL.** ”

a regional public health emergency preparedness program with \$2.1 million in funding from the U.S. Department of Homeland Security's Urban Areas Security Initiative, through the Pennsylvania Emergency Management Agency and Southeastern Pennsylvania Regional Task Force. This program fosters region-

al cooperation, coordination and collaboration to prevent, prepare for, respond to and recover from public health emergencies. PHMC's program, under the direction of the Task Force, helps to expand the capacity of the region's five counties for mass prophylaxis planning—offering preventive antibiotics or immunization to

an entire population in case of bioterrorism or pandemic. The program also assists in planning for deployment of Strategic National Stockpile resources—the Centers for Disease Control and Prevention's stockpile of antibiotics and other medical supplies.

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A MESSAGE from Our President & CEO

In the world of public health, what does it take to be prepared? That is a question we ask—and find new and innovative ways to answer—every day at PHMC.

Perhaps the first thing that comes to mind is emergency preparedness, the subject of our cover story in this issue of **DIRECTIONS**. In the year of H1N1, this may seem to define public health planning for many people. As you will read, PHMC takes seriously its role in emergency preparedness, helping to coordinate not only the regional response to the H1N1 virus but also our readiness for future emergencies. Our leadership in this most current of issues harkens back to PHMC's earliest work, partnering with the City of Philadelphia to create its emergency response system in the 1970s.

But preparation in public health goes well beyond dealing with potential catastrophes. It's also about ushering in a trained, professional, effective public health workforce of the future. I invite you to read about our strong commitment to growing our profession, including educational workshops, work-based frontline training and master degree partnerships.

The aspirations of our extraordinary employees who take advantage of these programs provide the best evidence that the health of our communities depends upon healthy professional development opportunities for those who do this critical work.

Even our regular features, profiles of the **Community Health Data Base (CHDB)** and **Targeted Solutions**—illustrate PHMC's focus on preparation. By adding a cell phone sample to our household health survey, CHDB dials into the health issues of the emerging population of cell phone only users. And the consulting approach of Targeted Solutions allows its client organization to engage in program design that plans for future growth even as it addresses immediate needs.

Finally, the Q&A with **Vanessa Briggs** reveals how one of our current leaders recently broadened the perspective that she brings to her work as executive director of our affiliate Health Promotion Council, giving her a new view of the future of health and wellness.

So I go back to my initial question: what does it take to be prepared? At Public Health Management Corporation, it takes



our dedication to emergency preparedness, our investment in the public health workforce and future leadership, and a cutting-edge approach to our programmatic, research and consulting work. We are always looking strategically ahead, supported in those efforts by all of you—our partners, supporters and employees. Together, we are what it takes to be prepared.

Yours in public health,

A handwritten signature in black ink that reads "Richard J. Cohen". The signature is fluid and cursive, written in a professional style.

*Richard J. Cohen, PhD, FACHE
President and CEO of PHMC*



**TRAINING
at PHMC**

Upcoming Spring and Summer Workshops

- Understanding Suicide and Best Practices in Prevention
- Patient Injury and Organizational Safety
- National Nurses Week Training and Celebration

National Hepatitis Awareness Month Trainings:

- Treatment Trends and Challenges for the Philadelphia Region
- Hepatitis C Virus and Underserved Communities
- HIV and Hepatitis C Virus Co-infection
- Hepatitis C Virus Train the Trainer

Visit phmc.org/training for a full calendar or contact training@phmc.org for more info.

PHMC Launches Philadelphia Social Innovations Journal

In October, PHMC hosted the launch of *Philadelphia Social Innovations Journal*, the first regional web-based journal focusing on social innovation and social entrepreneurs. The journal provides a forum for the Greater Philadelphia region's top social innovators—those who have demonstrated an exceptional capacity to recognize social problems and apply entrepreneurial principles to organize, create and manage high-impact social change locally, regionally and beyond.



Tine Hansen-Turton, PHMC's vice president of Health Care Access and Policy, is co-founder of the journal along with Nicholas Torres, president of Congreso, a nationally recognized, community-based nonprofit organization servicing Philadelphia's Latino community. Hansen-Turton also serves as executive director of PHMC affiliate National Nursing Centers Consortium. Inspired by *Stanford Social Innovation Review*, also a sponsor of the journal, *Philadelphia Social Innovations Journal* pioneers a new avenue, bringing attention to the current and ongoing innovative work in the Greater Philadelphia nonprofit and social sector business community with respect to health care access, human capital, education and workforce development, and violence prevention. ●

The journal is published quarterly at www.philasocialinnovations.org.

A Commitment to Public Health Training

A highly skilled workforce is key to a healthy community. Training at PHMC provides high-quality educational and professional development opportunities to public health professionals throughout the Southeastern Pennsylvania region. Our comprehensive program targets key focus areas, including behavioral health, nursing, social work and public health research. PHMC also offers specialized training programs and resources to

help other area nonprofits increase their effectiveness and enhance their capacity to deliver high-quality services.

"Large numbers of public health leaders will retire in the near future," says PHMC CEO and president **Richard Cohen**. "By educating today's public health workers, we are not only preparing and equipping them to meet tomorrow's challenges with innovation and confidence, we are also cultivating and increasing our sector's leadership pool." ●

Honors, Awards and Achievements

In November, at the American Public Health Association's annual meeting in Philadelphia, National Community Based Organization Network held a community reception that recognized the efforts of **Health Promotion Council** with an Unsung Hero Award. HPC promotes health and seeks to prevent and manage chronic disease, especially among vulnerable populations, through community-based outreach, education and advocacy.

The Robert Wood Johnson Foundation's Commission to Build a Healthier America featured **Students Run Philly Style**, a program of PHMC affiliate **National Nursing Centers Consortium**, as a resource that helps to prevent childhood obesity and promote physical activity. To learn more, visit the commission's online resource, which highlights the positive benefits of **Students Run Philly Style**, at www.commissionon-health.org/Recommendations.aspx.

Elaine Fox, vice president of Specialized Health Services and member of the National Nursing Centers Consortium (NNCC) board of directors, received the Primary Care Champion Award at NNCC's 5th Annual Celebrating Culture and Community reception held in November. PHMC's Specialized Health Services component runs three nurse-managed primary care facilities: **Mary Howard Health Center** for Philadelphia's homeless population, **Rising Sun Health Center** and **PHMC Health Connection**.

A HIGHLY SKILLED WORKFORCE IS KEY to a healthy community.

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Targeted Solutions

Program Design:

Delaware Valley Earth Force Engages Youth in the Process

Program design is by no means a new concept to the nonprofit sector.

But for time- and resource-constrained organizations, investing in the program design process often poses a challenge. In addition, though input from the target population is critical to the program design process, some nonprofits find that obtaining honest client feedback is difficult without the assistance of a neutral party.

It was this last concern, in particular, that led Delaware Valley Earth Force (DVEF) to engage PHMC's Targeted Solutions in the program design process for its Youth Leadership Team program. The project was partially subsidized by the William Penn Foundation through the Technical Assistance Matching Fund at PHMC.

"We were looking for a program design for our Youth Leadership Team that would incorporate input from not only our staff, but the youth we serve," says Anne Rahn, executive director of DVEF, a local chapter of the national Earth Force school-based environmental learning program for youth. "It was very

important for us that our youth leaders be involved in the process. Targeted Solutions, as an objective source, enabled us to really learn what they wanted to see in the program."

In 2007, DVEF launched the Youth Leadership Team program as a vehicle for students to explore their interests in environmental leadership outside the classroom. Unlike DVEF's general programming, which follows curricula and protocols developed by the national office, Youth Leadership Team had very few programmatic restrictions. This presented both challenge and opportunity for DVEF. Although the program's fluid structure fostered innovation and experimentation, it also hindered efforts at future goal-planning and hampered fundraising efforts.

"Our goal was to give them a program design with enough structure that staff wouldn't be required to reinvent the wheel every year," says Targeted Solutions consultant **Farrah Parkes**, "yet still allow room for some flexibility and creativity in programming. We also felt the program needed to take into account best practices in youth development, as well as the cur-

rent organizational realities, future growth potential and, most important, the youths' goals and expectations of the program."

Targeted Solutions executed a three-stage process: collection and analysis of data, facilitation of program planning sessions for staff and development of a program manual. The process began with research on youth leadership program models and an assessment of participants' insight through a web-based survey and focus group. After analyzing and presenting the research findings, consultants facilitated a series of program planning sessions to help staff make decisions and develop consensus for the new program design. The resulting manual provided a framework to guide staff in the process of program implementation while allowing them flexibility regarding program-specific activities and content areas.

"We now have a solid program design," says Rahn. "And there were quite a few bonuses that came along with the guide, such as a logic model, forms we can use for our students, recruitment recommendations and referral resources. This was really helpful for us."

"We now **HAVE A SOLID PROGRAM DESIGN.**"



Targeted Solutions, the consulting practice of Public Health Management Corporation, helps nonprofit organizations in the region address many of the challenges of today's changing health and human services environment. From improving communications with funders and donors to carrying out mission-critical initiatives and increasing operating efficiencies, PHMC's Targeted Solutions offers practical, strategic, proactive consulting services and products tailored to meet the needs of client organizations. For a full list of Targeted Solutions products and services, please contact Farrah Parkes at fparkes@phmc.org or 267.765.2343.

H1N1... continued from page 1

Last summer, in preparation for H1N1 and the fall/winter flu season, PHMC staff helped organize an H1N1 seminar and tabletop exercise for public health, emergency management and public information officers in the Philadelphia–Camden–Wilmington Metropolitan Statistical Area, which includes four states and 12 counties. “Public information is key to any successful emergency response,” says **Nancy De Leon Link**, regional public health preparedness coordinator at PHMC. “Given that we share the same media market, a coordinated public information response

cluding PHMC’s **Mary Howard Health Center**, **Rising Sun Health Center** and **PHMC Health Connection**, provided H1N1 shots to their regular patient rosters and served as walk-in sites for city residents, reaching hundreds of Philadelphians. “It was gratifying to be able to provide such an important service to the community,” says **Elaine Fox**, vice president of PHMC’s Specialized Health Services component. “The adults and families coming in for immunizations were given seasonal flu shots, H1N1 or pneumococcal vaccinations depending on age and risk factors. Many people wrote or called to ex-

“Many people called to express their appreciation for this **EFFICIENT AND FRIENDLY SERVICE.**”

to H1N1 or any public health emergency is essential.” At the seminar, public health officials shared information on best practices regarding the area’s preparation for H1N1 and discussed how to coordinate public information about the virus. Another tabletop exercise and seminar in September tested the theoretical regional response to H1N1 and related public health situations. This exercise involved private and governmental representatives from the five-county Southeastern Pennsylvania area and helped guide regional coordination for the fall 2009 H1N1 flu season. Additionally, PHMC staff planned and assisted in staffing mass H1N1 clinics and school vaccination campaigns, vaccinating more than 100,000 people throughout the region.

PHMC’s network of health centers also played a vital role in keeping the region healthy during the flu pandemic. The City of Philadelphia awarded a contract to PHMC affiliate National Nursing Centers Consortium to subcontract with seven nurse-managed health centers in Philadelphia to act as walk-in clinics for H1N1 vaccine distribution, starting in November 2009. The sites, in-

press their appreciation for this efficient and friendly service.” The nurse-managed health centers also provided vaccinations to Philadelphians in homeless shelters.

PHMC staff worked with the Pennsylvania Department of Health to assist with H1N1 response and preparation by hiring temporary staff, including epidemiologists and microbiologists for state laboratories that test patient samples for H1N1. Social media also played a part in PHMC’s effort to spread the word about vaccination sites. Consumers who subscribed to PHMC’s Facebook and Twitter pages received updates that informed them of free H1N1 shots available at select locations throughout the region.

Aided by the cooperation and effective communication methods among PHMC and its partners, Pennsylvania’s response to the H1N1 virus helped to stem the spread of a potentially disastrous pandemic and demonstrated the effective role we are prepared to take in future emergencies. ●

To learn more about PHMC’s public health emergency preparedness program, contact Nancy De Leon Link at ndlink@phmc.org.

PHMC briefs

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As part of its programmatic support to the City of Philadelphia’s **Out-of-School-Time (OST)** program, PHMC facilitated the development of 12 training sessions with approximately 232 participants from 60 OST provider agencies last year. The training sessions allowed OST programs to provide resources that help providers train youth to become better problem-solvers. As part of its support, PHMC created the OST Project-Based Learning Blog, where OST providers can access updates, forms, links to resources, questions and answers, and sample projects (www.ostprojects.wordpress.com).

In December, **Tine Hansen-Turton**, executive director of PHMC affiliate National Nursing Centers Consortium and vice president of Health Care Access and Policy at PHMC, spoke at the Forum on the Future of Nursing: Community Health, Public Health, Primary Care, and Long-Term Care. Hosted by The Initiative on the Future of Nursing, a joint effort of the Institutes of Medicine and Robert Wood Johnson Foundation, the forum addressed the challenges facing the nursing profession and our health care system. Hansen-Turton, who continues to be a leading voice for nurse practitioners at the legislative level, spoke about primary care and offered policy recommendations, as did several other key speakers including Pennsylvania Governor Ed Rendell and Donna Shalala, former secretary of the Department of Health and Human Services and current chairwoman of the initiative.

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Health and Wellness in South Africa

Q&A with Vanessa Briggs, Executive Director, Health Promotion Council

Vanessa Briggs, executive director of PHMC affiliate Health Promotion Council (HPC) and a registered dietician and licensed nutritionist, joined 20 delegates on an 11-day fall trip to the Republic of South Africa, including Johannesburg and Cape Town, as a part of the Nutritional Health and Wellness People to People Citizen Ambassador Delegation. President Dwight D. Eisenhower created the program over 50 years ago. Since then, more than 400,000 professionals have participated in networking visits on all seven continents. The group's itinerary included 30 hours of professional interaction through meetings and site visits, balanced by a range of social activities and cultural excursions. Briggs met officials from South Africa's National Department of Health as well as medical researchers and nutritionists, among others. **DIRECTIONS** asked her about the experience.

Q How did you get the opportunity to visit South Africa as a public health representative?

A I received a letter of invitation to participate in the ambassador program because of my association with the American Dietetic Association as well as my professional background in nutrition.

Q What did you hope to take away from the trip?

A I thought of this trip as an opportunity to do peer-to-peer learning with my counterparts on a different continent. Given the work I am currently doing in public health in terms of policy, direct service, infrastructure and capacity building, I felt I could bring a lot of value and share a lot of my experience in public health.

Q Who else went on the trip with you?

A There were a varied group of individuals attending, but the bulk of the delegates were registered dietitians who practice predominantly in hospital, long-term care and childhood nutrition settings. The group was under the guidance of Rita Mitchell, RD, past president of the California Dietetic Association. I was able to bring a public health perspective that straddles both hunger/malnutrition issues and risk factors for chronic disease, as well as issues of obesity.

Q What are the benefits of a trip like this?

A It gives public health professionals an insight into policy from an international perspective. For instance, how we in the United States handle food policies that support food insecurity in comparison with how another country handles the same policy.

Q What was your favorite part of the trip?

A My favorite part was the interaction with colleagues who focused on initiatives similar to HPC's and understanding how the cultural and political climate, coupled with the insurmountable poverty and rampant prevalence of HIV/AIDS, affects their ability to create and implement programs and services.

Q As you prepared for the trip, what were your expectations?

A I went into it with an open mind, recognizing that we were going to a different country. I anticipated professional development and that I would meet colleagues doing similar work in nutrition and wellness—all of that certainly occurred.

Q What surprised you most about South Africa?

A I was not prepared for how varied public health programs were between class and racial groups in the country. I also was not prepared for the magnitude of poverty South Africans deal with. Over there, there are obstacles to human rights and basic needs, such as housing with sufficient running water and electricity, that we in the US might take for granted.

Q What was on your mind when you returned to HPC from South Africa?

A HPC's mission consists of health education advocacy, whereas in South Africa the main emphasis is on human rights and basic needs. At HPC, we are about health promotion, disease management and prevention, while in South Africa, they just want to ensure that people have food. Here in the US, we are much more advanced in our public health initiatives. In South Africa, health education is important, but feeding people is the focus. However, the recent economic crisis has affected public health in such a way that here in the US 49 million people are now food-insecure.

|| In South Africa, **THERE ARE OBSTACLES TO HUMAN RIGHTS AND BASIC NEEDS** that we in the US might take for granted."

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New Grants

PHMC affiliate **Linda Creed's Rainbow Circle** received a grant of \$5,000 from Pfizer Healthcare Charities that will help support its outreach education and patient navigation to lesbians, bisexual women and transgender persons.

In August, PHMC affiliate **National Nursing Centers Consortium (NNCC)** received an \$80,000 award from the US Health Resources and Services Administration through the Federal Recovery Act. The award allows NNCC to conduct a community needs assessment and feasibility study that will inform the creation of a proposed nurse-led primary care center in North Philadelphia.

In September, NNCC's **Students Run Philly Style** received a \$30,000 award from the Patricia Kind Family Foundation. Additionally, CIGNA Foundation awarded the program a \$5,000 grant for community work.

In November, **Philadelphia Social Innovations Journal** received a \$10,000 grant from United Way of Southeastern Pennsylvania; a grant of \$5,000 from Greentree Community Health Foundation; and a grant of \$10,000 from Thomas Scattergood Foundation. See page 3 for more on *Philadelphia Social Innovations Journal*.

PHMC affiliate **Best Nest, Inc.** seeks individuals and families interested in becoming certified foster parents for children with special medical needs. If you wish to learn about becoming a foster parent, register to attend a Best Nest's Foster Parent Orientation or contact Lori Hendrickson, Best Nest's associate director, at lhendrickson@bestnest.org or 215.546.8060, ext. 116. ●



Q Would you recommend a trip like this to your public health colleagues?

A I would certainly recommend a trip like this to others. It allows people here to gain a better understanding of global health and compare and contrast public health strategies; it gives one a global context. As much as we struggle with garnering adequate funding to address health disparities, a trip such as this makes you appreciate how far advanced

we are when it comes to public health initiatives. On the other hand, a trip like this also allows one to see how closely aligned we are in some of our interventions. For instance, at the University of Stellenbosch in Cape Town, I was able to network with colleagues doing similar work to our Philadelphia Urban Food and Fitness Alliance using community-based participating approaches to address food insecurity and childhood obesity.

PHMC Partners for Master Degree Programs

Did you know that PHMC is the only public health institute in the nation that has created a work-study leadership model connecting its employees with top-level graduate public health and social work schools? Three years ago, PHMC developed two programs that offer its employees a graduate program designed

to produce the next generation of public health leaders while meeting their needs as working professionals.

In September 2007, PHMC collaborated with Drexel University's School of Public Health, one of two accredited public health schools in Pennsylvania, to create the Community Scholars Program, which

offers an executive master of public health (MPH) degree designed around the needs of our workforce. The model incorporates a curriculum designed by PHMC and Drexel and aims to develop future public health leaders. Fast forward two years. In June 2009, the first cohort of 13 PHMC employees graduated from the Drexel program.

Future of Public Health Profiles



Rose Malinowski Weingartner

Position: Research associate

PHMC partnership degree: Master of Public Health, Drexel University School of Public Health, Executive Program, 2010

Why the MPH? I've worked in research around

health and social issues for a while, but didn't see my work as "public health" until I joined PHMC in 2006. When I saw that all of the topics I had worked on in the past—as well as the work I do in Research and Evaluation—fell under the broad theme of public health, I realized that I wanted to understand more about the threads that tied it all together.

Who is your public health hero? I can't say I have a hero, but there are some people locally who are doing great work. I really admire two of the course facilitators from my classes at Drex-

el: Daryn Eikner from Family Planning Council and Allison Karpyn from The Food Trust. Both are doing amazing public health work in their respective fields—reproductive health and food access. It's inspiring to see the practical application of the concepts we're learning about.

How do you plan to use your degree in the future? I hope that what I've learned in this program informs all of my work moving forward, and that understanding the theories and history behind the work that I do improves my research and supports my writing and analysis.

View expanded profiles of these students and others at PHMC.org/directions. 



Shenise Nicole Henderson

Position: Family services/aftercare coordinator, Interim House Inc.

PHMC partnership degree: Master of Social Services, Bryn Mawr College Graduate School of Social Work and Social Research, Leadership Program, 2011

Why the MSS? Graduates of the MSS program at Bryn Mawr hope to become change agents in society, promoting social justice and overall human well-being. With this degree, I will be able

to make a difference at both the micro and macro levels in the area of supporting women who are survivors of domestic abuse and/or other trauma as well as their children.

Who is your social work hero? My social work hero is a woman by the name of Darlene Daughtry who runs a transitional housing program, Daughter of Zion. Although a small non-profit organization, it is making a major difference in the community of Camden, New Jersey, an area plagued by crime, poverty and addiction. Daughtry started this organization from her passion to help addicted women and their children transform their lives and start fresh. She also does community outreach and supports families and communities with yearly empowerment and

resource events to help other homeless women regain hope and look toward a brighter future.

How do you plan to use your degree in the future? I look forward to either beginning or being a leader of a social service agency that assists women, along with their children, who are survivors of domestic abuse and/or other trauma in transitioning their lives for the better. I would also like to do some work around family therapy prior to beginning the transition center. It is my belief that until we stop intergenerational dysfunction within families, we will be unable to begin to make a significant change with the various societal ills that exist today. My purpose is to be a change agent and make a difference one family at a time.

Just a few months later, our first cohort of students started classes at Bryn Mawr College: Graduate School of Social Work and Social Research in a similar collaboration to offer employees an advanced social work degree. “We believe that having a credentialed workforce to address the public health needs of the region is a critical part

of the PHMC mission,” says **Beth Shuman**, director of training at PHMC.

The Drexel executive MPH program builds on each student’s individual education and work experience to provide a greater understanding of the major disciplines of public health. Bryn Mawr’s master of social services (MSS) degree program, which is equiva-

lent in both licensure and use to the master of social work (MSW) degree, includes a balanced curriculum to address the ongoing educational needs and license maintenance requirements of social workers.

Both programs offer classes to PHMC’s participants in a cohort setting, in which all students follow a consistent schedule that allows them to continue their professional careers. Currently, six students are enrolled in the Bryn Mawr program and 14 students are enrolled in the Drexel program through two cohorts.

Senior vice president **John Loeb**, a 1969 graduate of Bryn Mawr College’s Graduate School of Social Work and Social Research, serves on the board of advisors of the school and supports the idea of a partnership between PHMC and Bryn Mawr. “Social workers make up one of the largest parts of the PHMC workforce,” says Loeb. “So much of our work is a hybrid of social work and public health. It is very interconnected; however there is often a shortage of social work leaders.” This past year, seven employees enrolled in the social work program, which is based on PHMC’s successful academic partnership model with Drexel.

“The workload is intense,” say Shuman. “It’s a unique leadership program for high performers.” Applicants interested in either program must go through an intensive internal screening process before they can formally apply to either school. “Our students are a diverse group from across PHMC. It speaks to who we are as an organization,” says Shuman.

“At PHMC we have outstanding employees with years of experience to whom we are committed,” adds Loeb. “My hope is that as many employees as are able will avail themselves of these wonderful education opportunities PHMC offers.” ●

For more information about these programs, contact Training at PHMC at training@phmc.org.



Carlos Hernandez

Position: Program manager, Behavioral Health Services

PHMC partnership degree: Master of Public Health, Drexel University School of Public Health, Executive Program, 2011

Why the MPH? Because it inherently values practical experience and collaboration while offering an interdisciplinary skill set.

Who is your public health hero? In my opinion, a public health hero is an individual or group that motivates your work. For that reason, my public health “hero” is my mother. She passed away on October 27, 2009, from metastatic breast cancer but continues to inspire my ambitions in public health. I am certain that her experience will continue to inform and provide a personal context to my knowledge of public health.

How do you plan to use your degree in the future? The ultimate goal and plan is to use the skill set obtained through this degree to work toward improving health literacy and outreach efforts so that women with my mom’s background can avoid being victims of poor medical care and lack of education.



Akil Pierre

Position: Project coordinator, Preventing AIDS through Live Movement and Sound (PALMS) Project

PHMC partnership degree: Master of Public Health, Drexel University School of Public Health, Executive Program, 2009

Why the MPH? With this degree I was able to gain a broader perspective of public health and understand the nuts and bolts of the five core public health disciplines. I also wanted to grow as a public health professional and gain new

skills that would enable me to facilitate social changes in my community.

Who is your public health hero? Professor John Rich. He is the chair of the Department of Health Management and Policy at the Drexel School of Public Health (SPH). He helped to establish the Center for Nonviolence and Social Justice which is also a part of SPH. The Center focuses on urban trauma as a public health issue and aims to provide healing to victims of violence, which is an issue I have a growing passion for.

How do you plan to use your degree in the future? Ideally, I would like to create a youth division that focuses on positive youth development and health behavior and promotion.

PHMC Embraces Work-Based Learning

Thirty-five-year-old **Menton Murray** started working at PHMC affiliate **The Bridge** almost four years ago as a mental health technician. When he saw his supervisor, **Terrant Morrison**, enroll and successfully complete Jobs to Careers, an educational and professional development program designed for front-

an on-site supervisor in matters directly related to their work assignments. PHMC and affiliate employees enrolled in Jobs to Careers first take a preliminary class that emphasizes basic math and writing skills, after which the curriculum shifts to focus on behavioral health practices. "My classes helped me with the terminol-

had five students from a variety of Behavioral Health Services programs including WestHaven and Interim House West, as well as PHMC affiliates The Bridge and Interim House Inc. **Anita Williams**, facilities manager at Interim House West, participated in the first cohort. She had not been in a classroom since 1974 when she gradu-

"THIS IS A TRULY UNIQUE PROGRAM... we have been able to help these critical staff members advance their education and professional development, thereby improving the quality of care delivered to clients."

line staff, he was inspired to do the same. "I wanted a better understanding of the clients we serve to further my education," says Murray, now a supervisor at The Bridge. He left college due to financial reasons when he was younger, but always hoped to continue his education. Jobs to Careers: Promoting Work-Based Learning for Quality Care, a national initiative to develop the careers of workers in health and health care systems through on-site classes, gave him that opportunity.

PHMC began participating in the Jobs to Careers initiative in 2006 in partnership with District 1199C's Training and Upgrading Fund and the Temple University Health System, with funding from Robert Wood Johnson Foundation and Hitachi Foundation. "Jobs to Careers helps better prepare staff to respond to critical health issues they deal with on an everyday basis," says **Jay Wussow**, director for development and facility operations of PHMC's Behavioral Health Services component.

In Jobs to Careers, participants attend weekly, three-hour, work-based learning classes taught on-site by teachers from the Training and Upgrading Fund. Outside of class, the students receive coaching from

ogy related to different disorders that we deal with everyday," says Murray. "They also helped me to improve my communications with the therapist and clinical director. Now I know exactly what they are talking about." At the conclusion of Jobs to Careers, students receive accreditation for their coursework from Philadelphia University, and the courses will count for 21 credits if the student also completes an additional nine credits at Philadelphia University. Participants are encouraged to continue studying toward an associate degree.

"This is a truly unique program," says **Leslie Hurtig**, vice president of behavioral health at PHMC. "Few agencies are able to invest this much in frontline staff—who often spend the most time with clients in behavioral health programs but who have not benefited from years of education or skills training. Thanks to our partnership with the Training and Upgrading Fund, we have been able to help these critical staff members advance their education and professional development, thereby improving the quality of care delivered to clients."

PHMC supported two cohorts of students through Jobs to Careers. The first

ated from high school. "My peers kept me motivated on the days I felt stressed," she says. "It was very exciting to be back in school, plus I got to relate what I was learning at school to the wide range of clientele we serve." Williams credits her coach at Interim House West, senior therapist **Veronica Coleman**, for helping her navigate through coursework. "She was an excellent coach," says Williams. "Anything I didn't understand, she broke it down and explained it back to me."

The second cohort includes five employees from The Bridge. **Michael Ogden**, director of The Bridge, continued to sponsor employees for a second cohort after seeing the positive impact Jobs to Careers had on those in the first cohort. "Jobs to Careers allowed us to provide quality training with minimal interruption to the workday," says Ogden. "It is an innovative approach to offer quality training in a cost-effective manner."

For Murray, Jobs to Careers helped to fulfill a longtime personal goal that he believes will help his career in the future. "There are a lot of opportunities for me at PHMC," says Murray. "I have everything right here that I need." 

Research Goes Wireless: CHDB Adds Cell Phone Sample to Survey

When it comes to health surveys, telephones are a researcher's best friend and the **Community Health Data Base's** biennial Southeastern Pennsylvania Household Health Survey of 10,000 households is no exception. Since the survey began in 1983, landline telephones have been the sole medium through which researchers asked Southeastern Pennsylvania residents critical questions that later informed programming for area health and social service agencies. However, in recent years, cell phones have replaced landline phones as the primary means of communication for some families. Experts estimate that one out of every five households in the U.S. (20.2%) is reachable only by cell phone.* These households represent a vital, but often neglected, part of traditional telephone surveys. As a pioneer in health research, CHDB included 300 cell phone interviews in its 2008 survey, providing one of the first looks into the differences between traditional survey respondents and this underrepresented group.

A Look at Philadelphia's Cell Phone Users

The 2008 Survey tested five groups of phone users in Philadelphia: cell phone only, cell phone mainly, landline mainly, landline/cell phone equally and landline only. Of the 300 survey respondents reached on cell phones, 40% were cell phone only households, 36% described themselves as mainly using a cell phone, 2% stated they used both cell phones and landlines equally and 16% reported using their landline primarily.

CHDB researchers found that, generally, the demographics of Philadelphia's

cell phone only users parallel national statistics on cell phone only users. Overall, cell phone only users tend to be younger and are more likely than others to be males, to be racial or ethnic minorities and to live in poverty.

The survey found that about 72% of cell phone users were ages 18-39. Additionally, of the cell phone only respondents, 59% were male. The survey revealed that in Philadelphia Latinos are disproportionately represented among cell phone only users, relative to their representation in the overall population. The survey also showed that almost 26% of cell phone only respondents lived below the Federal Poverty Level.

CHDB's research discovered that cell phone only users were more likely than other respondents to face some barriers to health care. Cell phone only respondents are more than twice as likely (30%) to be uninsured than any other type of phone user. Similarly, 30% of cell phone only users do not have a regular source of health care, and a quarter (26%) have not received medical care due to cost in the past year.

Preparing for the Future

Although the inclusion of cell phone only households in survey research has grown rapidly in recent years, CHDB is among a few select survey initiatives to include a cell phone sample as part of its target population. Surveying harder-to-reach respondents on cell phones is just one of the many ways that CHDB is preparing for the changing landscape of health research. ●

For more information about the Community Health Data Base or cell phone sampling, please contact Rose Malinowski Weingartner at rosemw@phmc.org.



Data in Action

"At Planned Parenthood Southeastern PA, we use CHDB data to identify opportunities and gaps in service. If a health center has a large population of women in their forties and fifties living nearby, it is a cue to highlight our midlife services in that community's outreach and marketing activities. When it is time to add or relocate a site, information on current health behaviors helps us identify communities with insufficient reproductive health care resources. By combining information from the household survey with Census data, CHDB is a valuable tool to help us understand the areas we serve from a variety of perspectives, which in turn helps us better serve those communities."

Ilene Appel Marker

Director, Business Development
Planned Parenthood Southeastern PA

For more information on the Community Health Data Base, visit chdbdata.org.

The Community Health Data Base (CHDB) Southeastern Pennsylvania Household Health Survey is one of the largest regional health surveys in the nation, covering Bucks, Chester, Delaware, Montgomery and Philadelphia Counties, and now Schuylkill, Lancaster, Berks and Centre Counties. It has been conducted every two years since 1994. The Pew Charitable Trusts, the William Penn Foundation, United Way of Southeastern Pennsylvania and over 350 local agencies from the health, government, nonprofit and academic sectors help to support CHDB.

*Based on current national estimates from the National Health Interview Survey.

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