



METRO HEALTH

PUBLIC HEALTH NEWS, IDEAS, AND EVENTS IN THE CAPITAL REGION

VOLUME 4, ISSUE 4

SUMMER

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MWPHA SETS PRIORITIES FOR 2005-2006

By Mary Frances Kornak

At the close of the 2004-2005 year, out-going president Lois Gray helped the MWPHA Governing Council to set priorities for the upcoming year. It was decided that MWPHA needed to decide on three to four areas that will get major support from the Governing Council in terms of grant writing submissions and allocation of budgetary funds. The chosen areas have defined leadership, objectives, strategies, and support from the membership. They can be generally classified into the following areas—health disparities, health promotion and disease prevention, and access to care. The following areas were chosen as priorities for 2005-2006:

◆ *Work to Decrease Health Disparities*

The MWPHA disparities committee will design activities (*see page 4*) to increase public awareness, public access and use of health information on the social determinants of health disparities. Various disparity issues may be addressed. The MWPHA governing council will decide which will be supported. The governing council will also help to increase the advocacy of its members in general health communication activities. For more information contact Karyn Pomerantz, kpomeran@gwu.edu.

◆ *Creating a Smoke Free DC*

The Smoke Free committee will help organize MWPHA members to promote a Smoke Free DC by 2007, and promote passage of smoke free legislation. The committee will help increase awareness among MWPHA members and elected officials about the adverse effects of environmental tobacco smoke (ETS) and its effects on respiratory conditions. For more information contact Jim Bogden, jim.bogden@mac.com.

◆ *Community Health Advocates Project*

The MWPHA community advocates committee will inform residents of the metropolitan area about the status of health promotion and disease prevention efforts in their jurisdiction through presentations at community events. They will also encourage members to become advocates in their own communities. For more information contact Sam Seeman, samseeman@starpower.net.

◆ *Carefirst Watch*

In conjunction with the CareFirst Watch coalition, MWPHA will work to ensure CareFirst makes adequate charitable contributions to the community. Visit www.carefirstwatch.com for more information, or contact Mary McCall, cubammc@aol.com.

An evaluation of these priorities will be undertaken within 6 months. The Committee Chairs that are spearheading these efforts welcome your active participation. Visit the MWPHA website and check email for timely updates on each of these activities as we move forward to better the public health of residents in the Metropolitan Washington Area.

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Committee assignments have not been finalized and will be available in the next newsletter.

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Interview with Mary-Frances Kornak, Incoming MWPCHA President



Q: Hi Mary-Frances, tell us a little about yourself.

I am originally from Baltimore, Maryland and graduated with a bachelors degree from the College of Notre Dame of Maryland, an all-female liberal arts college. I moved to Washington, DC to pursue my graduate degree from George Washington University, an MPH degree in epidemiology. I have lived in the District since 1989, and became a condo owner in 1993. Currently I work for the DC Department of Health in asthma control, with special projects in primary care and chronic disease. I was also involved for two years with lead poisoning prevention, children with special healthcare needs, and maternal/child health issues. I am pleased to have the opportunity to serve as the president of MWPCHA. As vice-president last year I obtained a vast amount of knowledge about the workings of an association, and refined my management skills. I appreciate all the help that our previous president, Lois Gray, has provided me and hope that it has equipped me with skills to further the organization this year. Lois was instrumental in setting MWPCHA priorities, which will be continued, in the next year.

Q: What makes you choose public health work?

To me public health is all about people: those who are sick, don't have proper health care, or are denied basic rights. I have to credit my mother for being instrumental in helping formulate my public health enthusiasm. She worked with patients regularly in Baltimore for physicians and hospitals and introduced me to health professions and urged me at an early age to volunteer in hospitals.

I have always been interested in helping others, and this was made most clear in the past year when I became increasingly more involved in the public health of the residents of the Metropolitan area. For example, I was part of the health disparities effort in handing out leaflets on workers rights at the APHA annual conference. I also participated in efforts to increase public support for smoke-free workplaces at local health fairs, and have drafted letters of support for local organizations on behalf of MWPCHA. So besides defining the burden of asthma in DC, I think in a small way I am contributing to the public health of our city.

Q: How did you come to be involved in MWPCHA?

(Continued on page 6)

MWPHA AND SMOKE-FREE DC ACTIVITIES

By Mary McCall

A smoke-free DC is becoming a real possibility as more and more organizations and city council members support legislation that prohibits smoking in the workplace, including bars and restaurants. Toward that end, MWPHA co-sponsored a lively and well-attended Ward One community forum, hosted by Councilmember Jim Graham June 9 to solicit feedback from his constituents. At the conclusion of the forum, Mr. Graham announced his support of the legislation.



Out-going MWPHA president Lois Gray testified June 14 at a legislative meeting on smoke-free legislation convened by Councilmember Carol Schwartz, chair of the Committee on Public Works and the Environment. Gray, whose testimony was prepared by Jim Bogden, MWPHA and Smoke-free DC member, pointed out that the American Public Health Association, along with many other organizations, has adopted a policy of holding its annual conferences in smoke-free cities. Such policies will have a significant economic impact on cities that continue to permit smoking in the workplace. MWPHA's testimony cited well-known epidemiologic evidence on the effects of smoking and second hand exposure, as well as research findings that smoke-free policies reduce cigarette consumption by workers who smoke, encourage cessation, and contribute to lower start rates among adolescents. Finally, Dr. Gray mentioned that studies of legislation in New York City and California indicate that revenues are not affected by prohibiting smoking in bars and restaurants. (For complete statement, visit www.mwpha.org.)

Long-time MWPHA member and environmental health activist Marcia Marks reports that she recently responded to Councilmember Carol Schwartz, who is opposed to smoke-free legislation in favor of tax incentives for voluntary smoke-free workplace policies: "I couldn't agree with you more: I also do not like the government taking away my legal choices. However, is it not a legal right to breathe clean air? Shouldn't the government protect me from getting sick from secondhand smoke just as they attempt to protect me from murders, traffic light runners, and toxicants in food and water? There are many laws on the books to protect people and freedom from breathing carcinogenic tobacco smoke should be included."

In New York City, smoke-free legislation is one strategy in a successful comprehensive tobacco control program¹. The District has yet to put in place a comprehensive effort, which would include increased tobacco taxes, access to cessation services, public education campaigns and enforcement of existing laws. For example, the District reported a 41.9% SYNAR² Amendment non-compliance rate in fiscal year 2004, against a federally required rate of less than 20%. SYNAR enforcement is in conjunction with the substance abuse block grant.

Another policy issue in DC is the extent to which Medicaid providers are required to (and do) provide counseling and smoking cessation services to beneficiaries.

To keep abreast of the progress toward a smoke-free DC, visit www.smokefreedc.org. And contact your DC council members again to let them know that as a public health worker, you support strong smoke-free legislation. For more information contact Jim Bogden, chair of the committee.

¹Thomas R. Frieden, Farzad Mostashari, Bonnie D. Kerker, Nancy Miller, Anjum Hajat, and Martin Frankel, *Adult Tobacco Use Levels After Intensive Tobacco Control Measures: New York City, 2002–2003*, *Am J Public Health*, Jun 2005; 95: 1016 - 1023.

² The SYNAR Amendment requires states to have laws in place prohibiting the sale and distribution of tobacco products to persons under 18 and to enforce those laws effectively.

MWPHA DISPARITIES COMMITTEE REPORT

MWPHA Disparities Committee worked with the MWPHA Annual Meeting to highlight the effects of social inequalities on health. Conference speakers documented the unequal and racist conditions in income, housing, and health care that result in wildly unequal health conditions, such as an overall 5000 year difference in Years of Potential Life Lost between black and white workers.

Fifteen people attended the post-conference Disparities Committee to make a plan for outreach and advocacy. While our discussion considered a wide variety of issues and strategies, we developed the following plan. *Your help is needed to implement this!*

Outreach

- Continue to participate in outreach activities to educate and mobilize community and partnership organizations, such as the Metro Union Local 689 and community health fairs.
- Expand the usage of the current outreach tools, such as popular education and slide shows, and explore new tools that would aid in raising awareness of health disparities.
- Develop a "Speakers Bureau" comprised of individuals from community-based and professional organizations where the speakers background would be matched with the presentation topic.

Advocacy

- Bridge the relationship between implementing effective social determinants policies with reducing health disparities, e.g. living wages, affordable housing, working conditions, safe neighborhoods, transportation, health care access, criminal justice and education
- Provide testimony at relevant policy meetings and hearings, e.g. the living wage hearings at the DC City Council.
- Join organizations that advocate for improved social policies, e.g. Jobs with Justice.
- Support the Campaign to End AIDS to advocate for science based prevention, universal access to treatment, research for a cure, and protection of civil rights for people with AIDS.

Dissemination

Distribute information and materials to the public regarding the committee's work in health disparities that would writing issue briefs and op-ed pieces and possibly a social determinants of health directory for Washington, DC (see *CDC article on social determinants at www.cdc.gov/cvh/*

library/data_set_directory/index.htm

Collaborations

Educate MWPHA members and collaborating organizations to address issues focusing on the social determinants of health. The committee currently works with the following organizations: Jobs with Justice, Metro Union ATU Local 689, Health Action Forum, Campaign to End AIDS, DC Department of Health, Health Information Partners, SOPHE, Consumer Health Foundation, and the GW Public Health Student Association. The committee also works with the Washington Highlands, Capitol Heights, Columbia Heights and Glenarden communities.

We need your help-join us for outreach and advocacy. See the calendar (page 8) for more information.

For more details please contact Tarsha McCrae, mccraet@mail.nih.gov, or Karyn Pomerantz, kpomeran@gwu.edu.

BLOOD PRESSURES AND HEALTH INFORMATION GIVEN BY MWPHA MEMBERS AT LOCAL 689 MEETING



Dr. Linda Green (right) and Karyn Pomerantz (second from right) taking blood pressures and distributing health information materials

Union members of Amalgamated Transit Union (ATU) Local 689 were improving their health and acknowledging improved health for all workers at the May union meeting. MWPHA health disparities members Karyn Pomerantz and Dr. Linda Green attended the meeting and took member blood pressures and distributed information on AIDS, diet and cancer. The health information table also included facts on public health, labor and justice issues.

DISPARITIES COMMITTEE SUPPORTS THE CAMPAIGN TO END AIDS

By Linda Green, M.D.

The Campaign to End AIDS is a new coalition of organizations and individuals committed to fighting for policies to end the epidemic. This Campaign has the potential to create a new mass movement around health issues important to all people – access to care, prevention based on scientific evidence, funding for research, and end to discrimination based on health status. The Campaign is organizing caravans to converge on Washington, DC over Columbus Day weekend with a march beginning in Anacostia. More than a march, the Campaign intends to spark awareness, education, and advocacy to create change.

Your school, religious organization, union, club, workplace can endorse the Campaign. Below are the Campaign issues taken from its web site at www.endaidsnow.org – check it out!

“We're a diverse, new coalition of people living with HIV/AIDS (PLWHAs) and the advocates, organizations and loved ones who stand behind them. We're organizing on the local, state and national level to demand that those in power:

- 1. Fully fund high-quality treatment and support services for all people living with HIV everywhere in the world.**
- 2. Ramp up HIV prevention at home and abroad, guided by science rather than ideology.**
- 3. Increase research to find a cure, more effective treatments and better prevention tools.**
- 4. Fight AIDS stigma and protect the civil rights of all people with HIV and AIDS everywhere.**

FRONT-BURNER ISSUES FOR 2005

1. Reauthorize and fully fund the Ryan White CARE Act.

Since 1990, the year it was initially passed, the CARE Act has provided hundreds of thousands of Americans with HIV/AIDS with lifesaving treatment, care and other supportive services. But in recent years, it has also been severely under-funded, leading to waitlists for HIV meds in several states and an across-the-board squeeze on its crucial services. This year, 2005, let's work to make sure that Congress not only authorizes the CARE Act for another five years but keeps its fundamental, existing structure and services intact—and allocates to it the \$2.5 billion it needs to be fully operative.

2. Keep Medicaid strong for people with HIV/AIDS and all other beneficiaries.

Medicaid provides lifesaving health care to countless low-income Americans, including 55 % of all Americans with HIV/AIDS. As budget negotiations play out in Congress this year, let's fight to protect Medicaid from budget cuts and structural changes that could hinder its ability to help HIV-positive people and others with chronic illnesses and disabilities.

3. Strengthen the global fight against AIDS by fully funding the Global Fund and backing 100% debt cancellation.

The Global Fund to fight AIDS, Tuberculosis and Malaria is a global war chest that funnels resources from nations, organizations and individuals to poor nations hardest hit by those diseases—but it could do so much more for those countries if it got the \$1.5 billion it needs from US Congress in 2005 to effectively combat the global pandemic. And let's continue to urge wealthy nations to cancel 100% of the debt owed by developing nations to the World Bank and the International Monetary Fund, so that impoverished countries can use their own money to fight AIDS and other public-health crises that are threatening their existence.

4. Restore and revive effective HIV prevention worldwide based on the best science.

In recent years, scientifically-proven methods of HIV prevention—such as condom use and needle-exchange programs—have been downplayed, ignored and even discredited entirely by politicians responding to religious ideology that demands complete abstinence from sex outside of heterosexual marriage and by governments that criminalize injection-drug use rather than approaching it as a public-health issue. Let's demand that governments restore them to their rightful place in the prevention toolkit—and fund them robustly, both here and abroad.

MWPHA JOINS JOBS WITH JUSTICE

By Karyn Pomerantz



MWPHA affiliated with *Jobs with Justice (JwJ)* to support local economic justice campaigns and introduce health issues to member groups. Currently, Jobs with Justice members are working together to promote living wage legislation for DC workers, support higher wages for Howard University security workers, and fight for the Metro workers contract demands over wages, health care coverage, and pensions. JwJ helped organize testimony for the living wage bill and attended rallies for Howard University and Metro workers along with MWPHA members.

DC Jobs with Justice Mission Statement

"DC Jobs with Justice is a coalition of labor organizations, community groups, religious organizations and student groups dedicated to protecting the rights of working people and supporting community struggles to build a more just society. We are committed to the creation of living wage jobs, support of economic and social justice here and abroad, and maintaining pressure to demand corporate accountability in our communities. In its work, JwJ gives priority to the struggles impacting the most vulnerable workers in our community, low-wage workers, immigrants, people of color, women and youth. We are committed to creating an organization that is fully inclusive and welcoming to everyone."

JwJ stands for the protection and extension of the rights of working people and their communities, including:

- The right to a decent standard of living
- The right to organize and bargain collectively
- The right to employment security

Lois Gray will represent MWPHA on Jobs with Justice. Contact Lois, sociomet@aol.com if you would like more information.

(Continued from page 2)

Working at the health department I felt the need to be more involved in local public health efforts. And MWPHA seemed to be the right place to implement change make a difference.

Q: What are your goals as president of MWPHA?

The MWPHA governing council sets the goals and strategies for MWPHA as a whole. But there are four areas that I would try to address during my tenure. They are:

1. Member enthusiasm (to accomplish priorities)
2. The organization's visibility in the public health world
3. New membership (through promotion of the organization)
4. Development and fundraising (guidance)

MWPHA has many opportunities to educate the public and government officials. To me, education and advocacy are the backbone of our mission. We need to utilize the combined strengths of our members, as well as educate our governing body.

Q: Speaking of increasing member enthusiasm--Do you have a message to all MWPHA members?

The organization is only strong if there is continued contribution from its members. I am not just talking about monetary support, although far be it from me to not accept a \$ contribution. Members need to make a personal commitment to the MWPHA priorities. If you are a member you should believe in the organization's worth. Check the website, read the newsletter, and contact governing council members about joining a committee. Then take the time to visit some committee activities. Sign up for the listserve, and get information about how you can offer your time and talent. From offering comments at a meeting, to attending a health fair, or being a face in the crowd before DC City Council, each member can make a difference for residents of the Metropolitan area and at the same time improve the image of our organization.

MWPHA MEMBERS ATTEND THE CONSUMER HEALTH FOUNDATION ANNUAL MEETING

By Mary Frances Kornak

On June 2, 2005 the Consumer Health Foundation (CHF) held its 10th Annual Meeting at the George Washington University Marvin Center. A small but stalwart group of MWPHA members and Governing Council members attended the meeting. The theme, "Crossing the Lines for Health: Community Inspiration, Action and Transformation", generated a lively discussion moderated by Kojo Nnamdi. The panelists included Sharon Baskerville, Charlene Connolly, Frederick Corder, Vincent Demarco, Steve Galen, and Kimberly Perry. For more information on the panelists, visit the CHF website at www.consumerhealthfdn.org. MWPHA also participated as an exhibitor. MWPHA currently has a CHF grant that funds our program manager.



This year was special because of CHF's 10th anniversary. CHF's mission was promoted throughout the night: to improve the health status of Washington, DC area communities - particularly the most vulnerable members of these communities - and to support the activities that enable people to be more actively involved in their own health. Participants had an opportunity to discuss positive changes that occurred during the year. They reported on many activities focused on education and lifestyle changes. While 60% of DC residents are medically underserved, there also remains a lack of healthy foods and physical activity in schools and communities. Residents are responding with community health improvement projects, moving clubs, opening of once closed recreation centers, and new food machines in some schools. Thanks to all that supported this effort.

HEALTH INFORMATION PARTNERS: CONNECT FOR HEALTH

By Karyn Pomerantz



Health Information Partners (HIPS) brings reliable information to our communities to promote health literacy and health advocacy. *We work to lessen health information gaps that contribute to health inequalities.*

What is Health Information Partners?

Health Information Partners includes public health, medical, library, university, community, and adult education groups. This unique team of partners can bring knowledge from many fields to promote health.

What do we do?

We teach hands-on classes and coach people at outreach visits around the city. We teach people to advocate for the health of their communities and families. People gain valuable technology skills while learning about HIV, diabetes, nutrition, health inequalities, and prevention. They can also prepare for jobs by learning new technology, searching for resources, and evaluating online information. Workshop students receive a National Library of Medicine certificate, which can build their resume.

Health Information Partners reaches people at local health centers, adult education centers, libraries, and on a state of the art mobile technology unit, the Transformer. In our first six months, Health Information Partners served over 1200 Washington metropolitan area residents at over 20 locations in the Washington metropolitan region. We serve Maryland, Virginia and the District of Columbia in order to reach people throughout our region.

Health Information Partners welcomes new members. If you would like to become an information coach, host a health talk, attend a class, or come to a meeting, please contact us. For more information, contact Karyn Pomerantz at 202/416-0408 or kpomeran@gwu.edu. *Health Information Partners is funded by the National Library of Medicine.*



PUBLIC HEALTH NEWS, IDEAS, AND
EVENTS IN THE CAPITAL REGION

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CALENDAR OF EVENTS

July 23, 2005. 11am to 2pm

Health and Literacy Fair

Washington Highlands Library.
115 Atlantic St. SW, Washington, D.C.
202/645-5880

SAVE THE DATE

MWPHA ANNUAL MEMBERSHIP MEETING AND FALL SOCIAL

Thursday, September 29, 2005 6:00 p.m. to 9:00 p.m.

At the offices of the
American Public Health Association (APHA)
800 Eye Street, NW

*APHA is accessible by metro at
Mt Vernon Square Green line or Metro Center Red line*

Contacts:

*Nisha Branch, nbranch@gwu.edu and
Barbara Guest, guestb01@comcast.net*

Free, but Registration Online is Requested

OCTOBER 31, 2005 9 am –4:30 pm

Hispanic/Latino Cancer Disparities Conference “Closing the Gap”

George Washington University
Cafritz Conference Center

Registration Fee: \$25

*Details and registration information at
www.cancerdisparityconference.info*

NOVEMBER 5-9

APHA 133rd Annual Meeting “Evidence-based Policy & Practice” New Orleans, LA

*Details and registration information in
www.apha.org/meetings*