

Maine Public Health Association



Weekly E-News

February 2nd Issue

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The **deadline** for the next MPHA E-news is **Thursday, February 8th** for the February 9th issue.

Please contact Michelle Caliandro with content or questions about this publication at mcaliandro@mainelung.org or 1-800-499-5864 x 103.

Learning Opportunities

2007 National Health Literacy Institutes

This posting is to announce the dates of our 2007 national Health Literacy Institutes. In the past, we have offered just a Summer Institute. This year we are offering an Institute in both Summer and Fall. They will teach the same plain language skills, focused on how to plan, write, and design effective, accessible information for print and for the web.

Both Institutes will be held at the Hilton Garden Inn in Freeport, Maine
Summer Institute is June 10-13. Fall Institute is October 28-31.

Information and registration forms are online here:

www.HealthLiteracyInstitute.net

This is the premier opportunity to learn the skills needed to reach diverse populations with health information that appeals, informs, and helps adults to act. Each Institute is limited to 30 participants, so register early to hold your place.

Please share the Institute website with your professional networks.

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The Northeast Regional Public Health Leadership Institute

IS ACCEPTING APPLICATIONS FOR THE CLASS OF 2008

Applications for the Class of 2008 are due May 7th

WHAT IS NEPHLI? The Northeast Regional Public Health Leadership Institute (NEPHLI) is a year-long experiential program which builds and improves the leadership skills of public health practitioners. NEPHLI supports emerging leaders from state and local public health departments, academia and allied public health organizations. Together Scholars broaden their vision of public health policy, practice and collaboration, and foster improved decision making within their organizations. NEPHLI works with public health practitioners to develop the leadership skills necessary to perform the Public Health Core Functions and 10 Essential Public Health Services.

WHO SHOULD ATTEND? Managers from state and local departments of public health, community-based organizations, academia, social services agencies, and health maintenance and managed care organizations.

WHAT IS THE NEPHLI PROGRAM? During four Retreats and ongoing learning through distance learning and networking, Scholars learn from other Scholars, Alumni, as well as experts in the fields of public health, management, risk communications, and organizational behavior. Topics include leadership development, team building and the application of problem solving, advocacy, coalition building, risk communications, emergency preparedness, ethics, and working with diverse populations. Tuition is \$3,000 and covers registration, materials, room and board. Limited scholarships are available for local health department employees in New Jersey and New York.

WHEN IS NEPHLI? Classes start each July when the previous class graduates. NEPHLI includes a five-day Retreat in July, two three day Retreats, one in the Fall and the other in the Spring and graduation is the following July when the new class is welcomed and the two-day Alumni Retreat is held.* The Class of 2008 Retreats are July 16-20, 2007, October 15-17, 2007, March 26-28, 2008 and July 21-25, 2008.

TO APPLY OR GET MORE INFORMATION:

- Visit the NEPHLI web site at www.albany.edu/sph/nephli , or
- Contact: Northeast Regional Public Health Leadership Institute, School of Public Health, University at Albany,
One University Place, Rensselaer, New York 12144-3456, E-mail Address: nephli@doh.state.ny.us, Phone: 518/402-0370

Continuing Education Credits: NEPHLI, through the School of Public Health, University at Albany, has been approved for Continuing Education Credits by the Medical Society of New York State and the New York State Nurses Association Council on Continuing Education and the Commission for Health Education Credentialing.

* The July and Spring Retreats are held near Albany, NY, and the Fall Retreat is held close to Providence, RI

Information

Blue Ribbon Commission on Dirigo Health Reform Report

The Commission included recommendations addressing how to strengthen and improve DirigoChoice; identified new funding sources to continue to support the program; laid out market reforms to make coverage more affordable for all Mainers; and encouraged shared responsibility for health care costs among employers and individuals.

Key recommendations included:

- Allowing the DirigoChoice program to self-insure;
- Identified new sources of revenue for the General Fund, including taxes on specific behaviors and products that have negative influence on health; and
- Continued to support the recapturing of bad debt and charity care savings to fund a portion of the Dirigo Health program.

The Commission called for further study to implement market reforms to make coverage more affordable, particularly in the individual market, and endorsed the concept of an employer mandate along with a mandate for individuals over 400% federal poverty level to secure health coverage and recommended that the Governor explore how such mandates might work. The group further recommended an independent study of the cost drivers of health care and made a series of recommendations to increase access to health coverage and reduce its costs.

The Governor hopes to provide more specifics after more complete review of the report and to have a plan to implement it, including specific legislative proposals, ready in a few weeks. The Blue Ribbon Commission represents business, consumers, insurers, labor, health professionals, government and academia. Their final report is available online at <http://www.dirigohealth.maine.gov>

Public Health Work Group Update From Dr. Mills & Trish Riley

Much is happening in public health in Maine, thanks to the hard work of the Public Health Work Group and many others! Here is a brief update on some statewide activities.

The Healthy Maine Partnership (HMP) RFP is expected to be released sometime in February, most likely late February, pending review and

approvals by appropriate Federal and State authorities. This RFP will be the first public health initiative to make use of the new public health regions. There is expected to be one HMP RFP per region, the regions being: Aroostook; Penobscot/Piscataquis; Hancock/Washington; Kennebec/Somerset; Waldo/Knox/Lincoln/Sagadahoc; Cumberland; Androscoggin/Franklin/Oxford; and York. Regions will be expected to respond as a whole, and each application can include multiple lead agencies, though in general, need to provide non-overlapping but region-wide coverage.

The HMP RFP is expected to consist of the current HMP funds to address tobacco, physical inactivity, poor nutrition, substance abuse prevention, chronic disease screening and education, and school health coordinators (~\$6.59 million); Office of Substance Abuse (SPF-SIG) substance abuse prevention funds (~\$2.1 million); USDA Physical Activity and Nutrition funds (~\$0.35 million); and, pending legislative approval, ~\$1.8 million for core functions of Comprehensive Community Health Coalitions (CCHCs) and Regional Coordinating Councils. CCHCs also include municipal health departments. Funding allocations for each region are based on formulas taking in account population, geography, and other factors. Each region's total allocation is expected to be more than the current allocation of HMP funds. Funds are categorical or have evidence-based public health expectations. They are also meant to help build capacity where needed and with the Regional Coordinating Councils, help inform and implement the State Health Plan.

The Maine CDC is working to co-locate existing staff (some Public Health Nurses, Regional Epidemiologists, and Health Inspectors) into Public Health (PH) Units of Maine DHHS Regional Offices. This has already been accomplished over the past year in several regions (as per the Maine State Health Plan, January 2006). We are also in the process of locating some current Augusta-based positions into these DHHS PH Units to provide a Maine CDC Public Health Liaison to each region. We are planning to locate the Maine CDC PH Liaison into 4 regions by late summer. Their proposed draft functions include being a liaison to CHHCs/municipal health departments and Local Health Officers as well as to other local public health entities (Tribes, hospitals, health centers, etc.) and other government agencies (county gov't, regional DEP and EMS offices, etc). Overall, they are expected to represent the Maine CDC in that region (or for more than one region, at least initially), and as such, provide some state-level public health technical assistance and leadership for that region, and importantly, to help Maine CDC better understand and serve the diverse regional and local needs.

In addition to the Regional Coordinating Councils for Public Health, there are two other similar regional coordinating efforts being implemented in Maine DHHS through Regional DHHS offices. Mental Health and Children's Services are both using almost the same regional boundaries for the purposes of convening the respective stakeholders in that region to improve services, coordination of efforts, and planning for those two topic areas. Through the Regional Coordinating Councils, on which these new entities may serve, there will be great opportunities for improved coordination and planning between public health, mental health, and children's services at both the state and regional levels.

Indeed, much is happening in public health in Maine, and with a statewide public health infrastructure emerging to improve efficiencies and effectiveness of public health, we can assure all Maine people have opportunities to live longer and healthier lives. And, together, we can make Maine the healthiest state in the nation!

Dora Anne Mills, MD, MPH
Director, Maine CDC/DHHS
Trish Riley
Director, Governor's Office of Health Policy and Finance

Childhood Poverty Is Found to Portend High Adult Costs

By ERIK ECKHOLM, Published: January 25, 2007, New York Times

WASHINGTON, Jan. 24 — Children who grow up poor cost the economy \$500 billion a year because they are less productive, earn less money, commit more crimes and have more health-related expenses, according to a study released on Wednesday.

“The high cost of childhood poverty to the U.S. suggests that investing significant resources in poverty reduction might be more cost effective than we thought,” said Harry J. Holzer, an economist at Georgetown University and the Urban Institute and one of the four authors of the report.

Mr. Holzer was one of several poverty experts who testified Wednesday to the House Ways and Means Committee as the report was released. The new chairman of the panel, Representative Charles B. Rangel, Democrat of New York, said the experts were appearing “not as bleeding hearts, but to calculate the costs of poverty to our economy and society.”

“We’re talking about saving money and making productive people in the age of globalization,” Mr. Rangel said in comments that seemed to reflect an awareness by Democratic lawmakers of the financial and political constraints they face.

The hearing was the first of many expected over the coming year intended to focus attention on the 37 million Americans who live below the official poverty line, defined as \$19,350 a year for a family of four.

For more than 10 years, lawmakers had mainly focused on sweeping welfare changes passed in 1996 that imposed time limits and strict work requirements on welfare recipients. In the process, Democratic staff members in the House and Senate said this week, other crucial poverty-related topics were neglected.

Apart from an increase in the minimum wage, which the House passed on Jan. 10 but was blocked on Wednesday in the Senate by Republicans insisting on concessions for small businesses, the Democrats have not put together a broad list of initiatives to combat poverty, staff members said, and they will spend time evaluating research and cost-effective tactics.

The report on the price of child poverty was commissioned by the Center for American Progress, a liberal group here that plans to issue detailed antipoverty recommendations in the spring.

A Republican scholar and former official who testified at the hearing, Ron Haskins, now a senior fellow at the Brookings Institution, called the study superb and said that while economists might quibble over details, the \$500 billion cost estimate costs “might be in the ballpark.”

Mr. Haskins noted that the authors had not specified the high cost of eliminating child poverty, which census figures show affected 12.3 million children in 2005, or 17.1 percent of those younger than 18.

“Do not think that if we suddenly gave a bunch of money to poor people, everything would change,” he told lawmakers, adding that behaviors, neighborhoods and parents’ actions need to change if children’s life paths are to change.

Mr. Haskins said it was important to continue work requirements for most welfare recipients, along with government support for programs like child care and tax credits. Promoting the economic benefits of marriage is also important, he said, because a disproportionate number of single-parent families are poor.

In the only flare of partisan discord, some Democratic lawmakers questioned the effectiveness of promoting marriage, a favorite initiative of the Bush administration. But Democrats voiced no inclination to reverse the transformation of the welfare system into more of a work program.

Mr. Holzer and others said that although various proposals to ease poverty needed more research, some efforts, especially the earned-income tax credit, which benefits low-income workers, and quality prekindergarten education had been shown to justify their cost and deserved to expand.

Poor schooling, lack of employment and the high arrest rate among poor young men, especially black men, have emerged as major concerns of liberal and conservative experts alike.

David R. Jones, president of the Community Service Society of New York, testified that 16 percent of people in New York City ages 16 to 24 were neither in school nor employed and that nearly 40 percent of all black men in the city were jobless, defined as unable to find work, unable to perform manual labor because of health problems, not looking for work or in prison.

Mr. Jones joined the growing chorus of experts who call for extending the earned-income tax credit, which supplements the low wages of poor working parents, to single men and women.

Social research and neuroscience have shown the importance of early childhood development on later functioning, Jane Knitzer, director of the National Center for Children in Poverty at Columbia University, told the panel. Yet the Early Head Start program serves just 62,000 infants and children, Ms. Knitzer said.

In the coming year, lawmakers are expected to focus on refining and continuing some existing programs for poor children, including Head Start, food stamps and a health-insurance plan known as S-Chip.

Flame Retardant Study Raises Red Flags for Health Risk

By JOHN RICHARDSON, Staff Writer, Monday, January 29, 2007

Aleece Herlihy, with her 1-year-old son, Joseph, is an undergrad psychology student at USM. She took part in a study that examined the effects of the flame-retarding chemical deca-BDE on baby mice. Maine may become one of the first states to crack down on a common flame retardant chemical that is found in household dust and, according to researchers and state officials, may be affecting how children's brains develop.

The chemical, known as deca-BDE, is the last of a group of brominated flame retardants that were added to TV sets, computers, furniture and other consumer goods starting in the 1970s. Two others, penta-BDE and octa-BDE, were banned by the Legislature in 2004 and have since been taken off the market because of potential toxic effects. Maine's Department of Environmental Protection issued a report to the Legislature last week calling for a phaseout of deca in residential products such as the plastic casings on many televisions. A handful of other states, including Washington, also are considering bans or phaseouts.

The chemical industry, however, is fighting the efforts, saying alternatives may not provide the same fire safety benefits and could end up being more dangerous to human health.

The DEP report says evidence continues to grow that household dust is not just a nuisance, but also a collector of potentially toxic chemicals. The report cites emerging research from around the world, as well as findings by a University of Southern Maine laboratory in Portland.

Scientists say deca leaches out of the TV sets and other electronic products and attaches to dust. Deca is believed to enter people's bodies when they breathe in or eat traces of dust, as well as through food containing residues of the chemical, health experts said. It also has been found in the breast milk that mothers feed their babies.

Vincent Markowski, a lead researcher and an associate professor of psychology at USM, said the \$17,000 state-financed pilot study is one of the first to raise questions about deca's toxic effects on humans. It's findings are consistent with a published study in Europe, and other preliminary research, he said. "What we've found so far suggests that it does have some effects on the nervous system, but there's just so precious little data," he said. "To me, this is something that should be a concern to humans."

To conduct the study, the USM research team fed varying doses of deca to newborn mice, simulating what a nursing human baby might receive from its mother. Then they put the mice through a series of tests to see how they developed reflexes and coordination and whether their behavior was different from mice that got untainted formula. Mice that ate deca developed reflexes later and were slower to develop grip strength, among other things, according to the researchers. And, using infrared monitors, they found that adolescent mice that ate deca when they were babies were more likely to be hyperactive than those that didn't eat deca. The chemical seemed to affect males more than females. "You don't have to be eating this stuff throughout your lifetime, because it's coming at this critical window of development for young kids," said Aleece Herlihy, a psychology student at USM who worked on the study.

The Maine Center for Disease Control and Prevention also worked on the study. Results have been presented at scientific conferences, but the detailed findings are still undergoing scientific review and have yet to be published. A representative for chemical manufacturers defended deca's safety and said the industry is eager to see more details and evaluate the USM research. "There's a variety of questions about how the study was conducted, but until we see the full details it's hard to be specific about it," said John Kyte, North American program director for the Bromine Science and Environmental Forum, an industry group. Kyte also said Maine and other states are rushing into the legislation. "This is one of those cases where the political drive to do something is not supported by the scientific analysis," he said. The deca compound has been considered safer than the other bromine flame retardants because it is a bigger, less soluble molecule. While the DEP report cites "increasing recognition" that the compound can break down into smaller forms, Kyte said that has not yet been proven. He argued that restricting deca could lead to the use of more harmful alternatives. "This is a case of let's get rid of the known in favor of the unknown. That doesn't make good common sense or good policy sense," Kyte said. "I think that states need to be careful not to put the cart before the horse." Alternatives also are unlikely to be as effective at preventing fires, he said. "If you remove deca from the marketplace ... you're going to have more fires. It's pretty plain and simple." That also is a concern to John Dean, Maine's state fire marshal.

"We want to make sure we don't just throw out an existing technology without making sure we have fire safety in mind," he said. "Obviously, we don't want to have people losing their property or lives." Dean worked with the DEP on the report, which says the agency "will not support any alternative that

requires fire safety to be compromised." Research by the DEP found that there are safer alternatives to meet flammability standards for TV sets and other products, according to Commissioner David Littell. John James, policy director in the DEP's Bureau of Remediation and Waste Management, said Sony TVs, for example, no longer contain the chemical. "There are TVs on the market now that don't use deca," he said.

The DEP is recommending a phaseout of deca in TVs sold in Maine by 2012 to allow time for manufacturers to switch production materials. It is proposing a ban on the use of deca in residential mattresses or furniture starting next year because of concerns the manufacturers of those products may use deca to meet new fire safety standards. The Legislature's Natural Resources Committee will take up the DEP recommendations, though a public review and hearings have not yet been scheduled.

Meanwhile, the USM research team is monitoring some of the mice in their old age to see whether the deca they ate as babies continues to affect them. Herlihy nursed her 11-month-old Joseph, and is planning to breast-feed her second child, due in the spring. She dusts her house more often and uses the Internet to look for products that don't contain deca. But she knows she can't protect her children entirely. "I am not manic about it, but I'm mindful," she said.

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National Public Health Week

April 2-8, 2007 ~ THEME: Take the First Step!
Preparedness and Public Health Threats

For more information: www.apha.org

Career Opportunities

Nothing posted this issue.

Supporting Our Membership

None posted this issue.



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