
MODELS FOR PRACTICE

FOCUS AREA: PUBLIC HEALTH INFRASTRUCTURE

Program Name: Western New York Public Health Alliance, Inc.

Location: Buffalo, New York

Problem Addressed: Public Health Infrastructure

Healthy People 2010 Objective: 23

Web Address: None

SNAPSHOT

The Western New York Public Health Alliance (the Alliance) was formed in 1992 and addresses a wide range of public health issues such as: bioterrorism/emergency health preparedness; the Clean Indoor Air Act (CIAA, New York State law, July 2003); West Nile Virus (WNV); Severe Acute Respiratory Syndrome (SARS); and coalitions and partnerships. Several coalitions and regional projects are under the Alliance umbrella including the Asthma Coalition of Western New York, Western New York Coalition for Diabetes Prevention, Ovarian Cancer Awareness, Southwestern New York Eat Well Play Hard, and the Western New York HIV/AIDS Coalition. The Alliance produced *The Physician's Guide to Public Health*, which is currently in its second edition, and had significant input regionally into the development of mandated Medicaid-Managed Care. Additionally, the Alliance was a proponent of establishing the School of Public Health and Health Professions at SUNY Buffalo, AHECs (Area Health Education Centers), and investigation of potential expansion of a mobile public health dental unit.

The Alliance is comprised of the commissioners and directors of public health from the eight county health departments in the Western New York (WNY) region. The Alliance membership includes the eight contiguous counties of the WNY region: Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans, and Wyoming. Six of the counties are rural (Allegany, Cattaraugus, Chautauqua, Genesee, Orleans, and Wyoming), and two are urban (Erie and Niagara).

The Alliance serves a regional population of 1.6 million people. The work of the Alliance, including the coalitions and projects under its umbrella, reaches out to many groups including: restaurant employees, bar workers, and patrons (CIAA); all residents of the eight-county region (Bioterrorism/Emergency Health Preparedness; WNV; SARS); children and families affected by asthma (Asthma Coalition of Western New York); adults age 45+ and those at high risk (Western New York Coalition for Diabetes Prevention); health care professionals (nurses, nurse practitioners, physician assistants, primary care physicians, OB/GYNs); special populations including the Amish, the Askanisi Jewish, and those of Northern European decent (Ovarian Cancer Awareness); and children in day care, pre-

kindergarten, and elementary school (Southwestern New York Eat Well Play Hard).

THE MODEL

Blueprint: The Alliance identifies and addresses a wide range of public health issues. From oversight of regional projects to the development of coordinated and consistent responses to public health issues, the Alliance has established itself as a model for cooperation and successful project implementation.

The Western New York Public Health Alliance participated in a community-wide initiative, “Be Smart about Antibiotics.” This campaign addressed concerns about inappropriate use and overuse of antibiotics. Activities were targeted to health care providers, pharmacists, and the general public. Physician offices received cough and cold kits, which included over-the-counter medicines that could be given to patients with viral infections, as well as educational materials to be provided to patients. Pharmacists also worked with school nurses to provide information to children and their parents about the correct use of antibiotics.

One of the most significant projects of the Alliance has been the formation in 2002 of the WNY Regional Office of Public Health Emergency Preparedness. The member counties pooled a percentage of their Emergency Public Health Preparedness and Response grants awarded by the New York State Department of Health to create regional response capacity and development of a regional weapons of mass destruction (WMD) response plan. Through this collaboration, the Alliance has been able to provide coordinated planning, training, exercises, and equipment to all member counties. The Regional Office of Public Health Preparedness has facilitated several regional training exercises including mass smallpox vaccination, deployment of the strategic national pharmaceutical stockpile, and response to a radiological event. Activities and training exercises have involved many organizations including emergency medical services, health systems, professional associations, academic institutions, fire and police departments, the American Red Cross, the Federal Bureau of Investigation, physicians, pharmacists, veterinarians, the business community, and our international neighbors in the Canadian Province of Ontario, as well as all of the member county health departments. The Specialized Medical Assistance Response Team (SMART) began as an Erie County initiative in 1998, with funding from the University at Buffalo Emergency Medical Services to provide field response and medical support at multiple injury and mass casualty incidents. Through the work of the Alliance, a volunteer component of SMART has been established that can be deployed throughout the region to provide public health emergency response and medical support including mobilized acute medical care facilities at remote sites and point of distribution sites for mass vaccination. What started as a single county initiative has now expanded to cover the entire Western New York, eight-county region.

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The Alliance has also addressed the development of a coordinated response to the New York State Clean Indoor Air Act of 2003. Alliance members agreed upon a common and consistent approach in handling implementation of the new CIAA law. Initially, Alliance members sought to establish a consistent approach and waiver process. This consistent approach soon gave way to the acknowledgment that there are differences in each county including administrations, legislatures, resources, and population differences. While the Alliance membership agreed to maximize consistency in application of the law, they also gave consideration to the specific needs of their individual communities. The Alliance discusses county-specific information related to CIAA including waiver applications received and granted, violations issued and fines received, and legal issues. The members share challenges to enforcement, provide updates of legal issues including lawsuits filed against the counties by bars and restaurants, and develop strategies to address these issues both individually and regionally. As these issues are not unique to any individual county, the strength and experience of the Alliance provides a knowledgeable forum in which to discuss these issues.

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The Alliance also addresses emerging infections and public health threats including West Nile Virus and SARS. The Alliance has implemented a common regional strategy to West Nile Virus. The Alliance created WNV guidelines for mosquito control that all eight departments of health utilize. Similarly, SARS, that first appeared as a regional public health issue in 2003, has led to the formulation of a common and regionally consistent approach in responding to outbreaks. The Alliance presently receives no specific funding to address CIAA, WNV, or SARS.

The Alliance meetings often include presentations from a wide variety of guest speakers addressing a range of topics. Over the past 18 months, a small sampling of the topics addressed include: utility of Medlinx, an automated emergency department status reporting real time bulletin board linking to emergency departments; antibiotic use in childcare centers; an overview by the Director of the Division of Public Health Laboratories, Epidemiology, and Environmental Health of Erie County to the Alliance members/bioterrorism coordinators regarding the capabilities of the Erie County Public Health Laboratory; Veterinary Medicine and Public Preparedness; an overview of public health in Ontario, Canada; a presentation by the Commissioner, Erie County Department of Mental Health on the importance of mental health in disaster planning and preparedness; an overview of the WNY Adult Immunization Coalition; and a presentation by the New York State Department of Health (NYSDOH) MRC (Medical Reserve Corps) and SEMO (State Emergency Management Office) Citizen Corp. bringing awareness to the public health directors/ commissioners and bioterrorism coordinators regarding New York State's efforts and resources to augment each county's volunteer recruitment effort.

The public health directors and commissioners meet monthly to discuss regional issues, receive updates on regional projects, share local issues that may have regional implications, discuss and formulate responses to New York State Department of Health directives, discuss grant opportunities for regional projects, share best practices, discuss common challenges, and share local initiatives that address specific public health issues. When appropriate, the Alliance builds consensus on public health issues. Alliance communication occurs nearly daily via e-mail, telephone, and fax. The Alliance has also utilized video conferencing to facilitate a regional grant application meeting with local health departments and community partners. Video conferencing equipment was installed in each county health department by NYSDOH as part of their bioterrorism preparedness strategy. Video conferencing is accessed through an electronic bridge at NYSDOH. While this technology had been used by the state to host training and other statewide events, the system had not been used for conferencing between counties and regions prior to the Alliance meeting. Nonetheless, the Alliance expects to use the video-conferencing capability as needed in the future to bring together representatives from throughout the region.

The Alliance has two co-chairs, one from an urban county (presently Erie) and one from a rural county (presently Genesee). While all departments of health are involved, the Alliance itself is not internal to any one department of health. All work presently done on behalf of the Alliance is provided in-kind, and the Alliance has no paid staff. The majority of Alliance activities are facilitated and coordinated at the Erie County Department of Health. This includes coordination of meetings and administration of regional projects. Coordination of Alliance activities includes, but is not limited to, monthly meeting preparation, meeting minutes, interface/coordination with the regional director of bioterrorism coordinators, consensus tracking on public health or operational issues, and distribution of information to members. Regional project coordination includes work plan development, executing subcontracts, serving as the primary contact with the funding organization, outcome reporting, budgeting, and facilitation of regional partner meetings.

The Alliance recently received a \$50,000, 12-month grant from the Community Health Foundation of Western and Central New York (CHFWCNY) for the purpose of incorporating and to acquire 501(c)(3) status for the Alliance. The Alliance pursued this project to formalize the organization and to provide a means to access new funding sources to address regional public health issues. While strategic and business plans have yet to be developed, the Alliance recently adopted vision and mission statements. The vision of the Western New York Public Health Alliance, Inc. is to improve the health, safety, and wellness of the eight-county region. The mission of Western New York Public Health Alliance, Inc.: Through public/private partnerships and collaborations, the Alliance will attract resources to support an integrated regional approach to achieving healthier communities

through surveillance, education, prevention, and intervention. The grant from CHFWCNY is currently the only source of funds specifically for the Alliance. Additional sources of funding to support Alliance-specific activities are being sought at this time. The program is marketed/publicized in several ways including, but not limited to, news/press conferences, interagency collaborations, and participation at state and national conferences. A detailed marketing plan, which will include a strategy to raise awareness about the Alliance, will be developed during the incorporation process. The organizational strategic plan is expected to include expansion of video-conferencing usage, protocols for the distribution of resources throughout the region, policies for pursuing new projects under the Alliance umbrella, and improving the distribution of public health education and prevention messages in a systematic and coordinated fashion.

Making a Difference: Presently, the Alliance does not employ any quantitative outcome measures. However, the Alliance has the ability to engage in joint program planning and development when consensus is reached on a public health issue. Alliance members have reached consensus on legislative issues and have shared their views with the appropriate people.

The Alliance has been involved in planning and development initiatives including the Regional Adult Behavioral Health Risk Assessment.

The Western New York Public Health Alliance, Inc. has borne several fruitful regional products. In 1997–1998, the Alliance worked with the University at Buffalo and State University of New York’s Department of Family Medicine to conduct a regional adult behavioral health risk assessment (HRA). Results from the risk assessment have been used in county community health assessments, grant applications and local planning efforts, and health insurance providers, as well as in the formulation of The State of the Region Report and Hospital Community Services plans. This risk assessment is now being replicated throughout the eight-county WNY region. The assessment is being done through a collaborative effort of University at Buffalo School of Public Health and Health Professions, University at Buffalo Department of Family Medicine, and Health for All, Inc. This second HRA is being conducted across the eight-county WNY region with adults 18 years of age and older. Results from the HRA will be shared through a number of different mediums including website publication; press releases; sharing with regional health care providers and professionals; presentation at federal, state, and local conferences; and publication in peer-reviewed journals.

The Alliance has been involved in a number of successful program planning and development initiatives including the Regional Adult Behavioral Health Risk Assessment; the Physician’s Guide to Public Health; the establishment of regional coalitions that address asthma, diabetes, and HIV/AIDS, as well as the implementation of several regional chronic disease projects, none of which existed prior to the formation of the Alliance.

Beginnings: The Alliance was formed in 1992 by mutual decision of the commissioners and directors of public health from the eight county health departments in the WNY region. The primary reasons the Alliance formed were to provide a forum to discuss public health issues that cross county boundaries within the WNY region and to provide greater leverage in addressing directives from the New York State Department of Health. The members decided to meet regularly to discuss common challenges and to share successful individual efforts and lessons learned. The members recognized the need for regional communication and problem solving as well as the benefit of joining together to access resources and advocate for regional public health needs.

The founders of the Alliance, the eight WNY county health departments, have maintained their commitment and participation in Alliance activities for more than a decade. The strength of the Alliance extends past the individuals at the table. Since its inception, commissioners and directors have changed, but all counties have continued to support and participate in Alliance work.

Challenges and Solutions: One of the challenges the Alliance faces is expanding upon collaboration with other members of the public health community, including private and not-for-profit agencies, academia, and the public at large. While the Alliance has successfully engaged several community partners through the projects under its umbrella, direct participation from these organizations in Alliance activities has been limited. A potential solution to this issue may be to invite selected community partners to become voting members of the Alliance.

Another challenge is the need to create a governance structure for the Alliance and a business plan that will provide long-term sustainability. Alliance members bring their individual county's interests and needs to the table, while recognizing that the benefits of participation in the Alliance must balance with their roles as advocates for their particular counties. In addition, the Alliance must address the issues of equitable distribution of resources based on need, population, and differences in each county (e.g., implementation of programming is different in rural vs. urban environments). The governance structure that is established must be balanced and equitable and provide for a level field for addressing issues in both large and small counties and in both urban and rural counties.

In 2004, Donald W. Rowe, Ph.D., Public Health Liaison, School of Public Health and Health Professions, SUNY at Buffalo, presented the Alliance experience at the Institute for Community Research's annual International Conference in Hartford, Connecticut. In addition, several Alliance projects have been published in peer-reviewed journals, including the regional public

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health emergency planning and response program and use of technology in the operations of a mass immunization exercise.

PROGRAM CONTACT INFORMATION

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