



American Association of Public Health Physicians

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Membership Address

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The Voice of Public Health Physicians-Guardians of the Public's Health

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HIGHLIGHTS

By-laws changes
made in Denver

Both AAPHP
resolutions passed
at AMA meeting

Join AAPHP at
Preventive
Medicine 2011
or
Medical Quality
2011

HAPPY NEW YEAR

1. AAPHP Mid Year Meeting in Denver

AAPHP members and Officers gathered on November 7, 2010 in Denver for the Fall General Membership Meeting. As part of the meeting several By-Laws changes were proposed, reviewed and unanimously approved. The first change involved making the section regarding Honorary Membership a stand alone Section, III.B. The second change modified the section regarding Lifetime Membership which is now inserted as a new Section III.C between the existing III.B and III.C. The third change made minor editorial changes for clarity and re-lettered the section regarding general membership meetings from III.C to III.D due to insertion. The approved changes are as follows:

Section III.

B. Honorary Membership:

Physicians who are not current members of AAPHP, but who are pre-eminent in public health or preventive medicine or have achieved outstanding public health accomplishments, may be considered for honorary membership.

C. Lifetime Membership:

Any regular or retired member may become a lifetime member by a one-time payment in an amount that has been set by the general membership. The Lifetime Member dues amount will be decided annually at the regular time for determining dues (see Article X). The General Membership may require members to pay different amounts for Lifetime Member dues, based on members' ages.

D. General Membership Meetings:

1. The Annual General Membership Meeting shall take place in conjunction with a meeting of the American Medical Association (AMA).
2. The Interim General Membership Meeting shall take place in conjunction with the annual meeting of the American Public Health Association (APHA) or another public health meeting selected by the Board and approximately five months apart from the Annual General Membership Meeting.
3. Additional special meetings of the General Membership may be held at the discretion of the Board of Trustees with a specific purpose clearly specified in the meeting notice which will be sent to all members with at least 30 days notice.

4. A General Membership Meeting shall be considered to have a quorum when not less than five percent (5%) of the membership is in attendance.

Upon approval of the By-Laws changes, the proposed 2011 membership fees were discussed by those present and approved. The proposed fees had been previously reviewed in detail by the Board at their last meeting and were also printed in the September/October E-Bulletin. The 2011 AAPHP Membership fees are:

1. No changes in the annual membership dues for full membership, residents, medical students and associate memberships.
2. The following changes were approved to make lifetime membership more actuarially sound – age 55 and older: \$1,500 and less than age 55: \$1,800.

Dr. Dave Cundiff, AAPHP Treasurer, presented the proposed 2011 Budget, which was approved contingent upon meeting the 2011 membership numbers. The status of membership and budget will be reviewed by the Board routinely and adjustments made as needed. Members present noted the importance of membership recruitment and renewal for AAPHP to maintain its financial viability and activities for members.

Other items discussed and/or reported on at the meeting included the new data management software – Wild Apricot – which will allow AAPHP to expand services for members. Dr. Joel Nitzkin reported on the Job Market Initiative and the reduced services due to not being able to obtain funding to maintain the site. Additionally, with the resignation of Dr. Nitzkin as the Chair of the Tobacco Control Task Force, Dr. Barth has appointed Drs. Dato and Cundiff to serve on an interim basis. A report of the reorganization and specific activities of the Tobacco Control Task Force will be deferred until the first of 2011. Look for more information in the next E-Bulletin.

A highlight of the Denver meeting was guest speaker, Mark B. Johnson, MD, MPH. Dr. Johnson is the Executive Director of Jefferson County Public Health and the President of ACPM. Dr. Johnson gave a presentation on the history of preventive medicine as a specialty and the new ACGME requirements for preventive medicine.

Members are encouraged to attend an AAPHP meeting, either in conjunction with the AMA annual meeting or the APHA annual meeting. Watch the E-Bulletin for dates.



AAPHP Vice President
Dr. Ellen Alkon, thanks speaker
Dr. Mark Johnson



Dr. Mark Johnson, Executive
Director, Jefferson County
Public Health Denver, Co.

2. Mid Year AMA Meeting Report

Dr. Murphy and I wish to report that both of AAPHP's original resolutions passed at the recently concluded AMA meeting.

The one on National Health Service Corps was approved as written (see page 5) without any change.

The other one asking for Recommendation for Routine HIV AIDS Testing was approved with minor editorial changes **suggested by us** on the floor of the House (see pages 5 & 6).

A third resolution which we had co-sponsored, Haitian Relief Funding, was referred to the Board.

And, AAPHP's resolutions from previous meetings resulted in 2 new council reports: the Gulf Oil Spill Health Risks and Routine Universal Immunization of Physicians for Vaccine Preventable Disease which were adopted with likeable changes.

Dr. Joe Murphy and I are also pleased to recognize excellent participation, guidance and help from several colleagues at the AMA meeting, especially Council of Science and Public Health member and AAPHP member, Dr. Ilse Levin, and also dedicated AAPHP members and leaders: Drs. Dennis Mallory, Charles Mashek, John Montgomery, Diana Ramos and Neil Winston, as well as the first year medical student at Albert Einstein in NY, Chelsea Mcguire. Success at forums like AMA does not come without great efforts of many hard working and thoughtful people. We should all be very grateful for that teamwork!

Please direct any questions about this report to me or Dr. Joe Murphy.

And, it is not too early to start thinking about any resolutions you would like to see discussed and adopted at the June meeting of the AMA. The deadline for introduction of those resolutions would be sometimes the end of April, 2011.

Thank you for the opportunity to serve and represent the AAPHP at the AMA.

Sincerely, ARVIND

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Subject: National Health Service Corps: Stronger AMA Representation in decision making process

Submitted by: The American Association of Public Health Physicians

Whereas, The National Health Service Corps (NHSC) scholarship program exists to provide scholarships to health professional students in return for a commitment to provide primary health services in a Health Professional Shortage Area (HPSA) within the United States; and

Whereas, For each school year or partial scholarship support, there is a required minimum 2 year and a maximum 4 year commitment to provide full time primary health care services in a NHSC approved site in a HPSA of greatest need, with the hope that many physicians will stay and practice in those same communities; and

Whereas, The Bureau of Clinician Recruitment and Service, a division in HRSA is charged with the administration of the NHSC program with input from an appointed National Advisory Council with limited medical professional representation; and

Whereas, the AMA has numerous policies supporting the NHSC scholarship program as one of the solutions to the problem of rising medical school debt and as a way to deal with increasing primary care and public health physician workforce needs of many of our communities; and

Whereas, the Patient Protection and Affordable Care Act passed in March 2010 supports expansion of the NHSC by \$1.5 billion over the next 5 years; and

Whereas, thousands of medical students have received the NHSC scholarships over the years and served many underserved populations, only 458 medical students applied for the NHSC in 2009; therefore, be it

Resolved, That our AMA work to enhance public health and other specialty physician, medical school and medical student representation in the decision making process of the NHSC with the goals of increasing popularity and efficiency of the program in accordance with existing policies adopted by the AMA's House of Delegates; and be it further

Resolved, That our AMA give a report back on the progress of its efforts at our A-2011 AMA House of Delegates meeting.

Subject: Recommendation for Routine HIV AIDS Testing

Submitted by: The American Association of Public Health Physicians

Whereas, The CDC estimates 1.1 million adults and adolescents in 2006 were living in the United States with diagnosed or undiagnosed HIV AIDS with prevalence rate of 448 per 100,000 population, a quarter of those over the age of 50 and that African Americans, Hispanics and men having sex with men had significantly higher rates; and

Whereas, an estimated 54,000+ new HIV infections occurred in 2006, 46% of those in African Americans; and

Whereas, HIV infection has significant morbidity and mortality risk which can be diagnosed early with relatively inexpensive and reliable screening blood tests usually well accepted by the patients and on an average 8-11 years before any symptoms become evident; and

Whereas, an awareness of HIV infection early on may reduce further transmission and use of Highly Active Anti-Retroviral Therapy (HAART) which is now available dramatically reduces death and secondary infections and significantly increases quality and quantity of life after diagnosis; and

Whereas, much current morbidity exists in those who entered late in the therapy, most often due to late diagnosis of those infected; and

Whereas, HIV testing based on identified risk factors only or clinical presentation is likely to result in missed or late diagnosis in 50% of those found to have positive HIV test on routine testing; and

Whereas, The AMA policy currently recommends routine HIV testing in pregnant women; and

Whereas, the current CDC recommendations have been expanded to include routine HIV screening of adolescents and adults ages 13-64 years and adults over 65 if sexually active and have a partner at risk for HIV transmission; and

Whereas, the available evidence indicates that routine testing for HIV in average risk populations where the prevalence exceeds 0.1% could save lives and reduce transmission; be it, therefore

Resolved, That our AMA support HIV screening policies which include:

- Routine HIV screening of adolescents and adults ages 13-64 and sexually active adults over 65
- Patients to receive an HIV test as a part of General Medical Consent for medical care with option to specifically decline the test
- Patients who test positive for HIV receive prompt counseling and treatment as a vital part of screening; be it further

Resolved, That the frequency of repeat HIV screening frequency be determined based on physician clinical judgment and consideration of identified risks and prevalent community experience; and be it further

Resolved, That our AMA publicize its newly adopted HIV screening policies via its existing professional electronic and print publications and to the public via news releases and commentaries to major media outlets; and be it further

Resolved, That our AMA formally request all public and private insurance plans to pay the cost of routine HIV screening testing of all insured individuals who receive routine HIV testing in accordance with new recommendations.



3. AAPHP Twitter Update

As of 12/18, AAPHP has 144 direct Twitter followers and is carried by 8 public health oriented twitter lists. Follow us at twitter.com/aapwh. Send suggested tweets and follows to vmdato@gmail.com. All tweets must be under 140 characters including spaces. Recent AAPHP tweets and retweets of potential interest to the general membership are listed below.

Original Tweets:

A Report of the Surgeon General: How Tobacco Smoke Causes Disease - <http://www.surgeongeneral.gov/library/tobaccosmoke/report/index.html>

Lots of new material on AHRQ's Effective Health Care Program website: <http://www.effectivehealthcare.ahrq.gov/>

New Cigarette Pack warnings: <http://www.fda.gov/TobaccoProducts/Labeling/CigaretteProductWarningLabels/default.htm>

Thank you Veterans. Good free relaxation podcasts for all who serve(d) at <http://itunes.apple.com/us/podcast/dr-bruce-s-rabin/id384354808>

12/19/10 9:29 PM

Seven Cardinal Rules of Risk Communication - http://www.epa.gov/CARE/library/7_cardinal_rules.pdf

Retweets:

NIOSH Background information on NIOSH regulations for Dec. 9 PPE Public Meeting <http://go.usa.gov/19O> #psdb1209 #npptl

NIH ODS NEW: Recommended intakes for #vitamin D <http://go.usa.gov/1xe> and #calcium <http://go.usa.gov/1xM> just updated in new report.

drugforum A guide to evaluating prevention programs <http://dlvr.it/BZm98>

msnbc_health Study suggests mammograms under 50 if family risk <http://on.msnbc.com/cQbCIT>

NACCHO alerts Health inequalities aren't fixed or inevitable. Explore a new way. See new possibilities. <http://bit.ly/dnwLfj>



4. Opportunity to Make a Worldwide Impact with Health

Erica Frank MD, MPH, a past AAPHP board member is Founder and Executive Director, of a very exciting effort called Health Sciences Online (HSO) . In December 2008 HSO launched the non-profit HSO (www.hso.info), an authoritative, comprehensive, free, and ad-free health sciences knowledge site (with over 50,000 hand-selected resources, and 8,000+ visits and page hits per day). HSO's founding collaborators and funders include ACPM, APTR, CDC, NATO, World Bank, WHO, and the World Medical Association.

Now HSO is helping to start and sustain schools of dentistry, medicine, nursing, pharmacy, physical therapy, public health, and speech-language pathology in the Caribbean, China, Colombia, India, Kenya, Nepal, South Africa, and Zambia. They hope this will soon become the largest, most accessible, high-quality health sciences university -- all done with distance HSO-based didactics, local hands-on mentoring, and peer-to-peer distance feedback. They plan to train many thousands of trainees at a time, particularly in developing countries, with students remaining in their home environments (and thereby building capacity, instead of encouraging brain drain).

AAPHP has been asked to be a collaborator in the Masters of Public Health Component and Joel Nitzkin has extended the offer of a free and unlimited license to HSO to use the Preventive Services ToolKit (PSTK) curriculum materials in all HSO educational programs. Members able to lead or assist in reviewing material developed or identified by HSO other than PSTK curriculum for students and their mentors as part of an MPH should contact Ginny Dato, vmdato@gmail.com Without additional volunteers we may not be able to collaborate on the MPH component.

The Protective Services Toolkit (PSTK) curriculum materials include eight on-line video modules, each with instructor manuals and related curriculum materials, and overall instructor's manual and other materials, as produced by Joel over the four years of CDC support for the PSTK project. The PSTK full curriculum is an eight-hour course dealing with bureaucracy, politics, and epidemiology as a policy tool, cost-related analyses, stakeholder analysis, and partnering. The goal is to enable course participants to more effectively understand and deal with health-related policy and administration. This training should enable participants to more effectively advocate for new programs, policies and resources, and better prepare to defend against possible budget cuts. In process terms, the course teaches how to do a rapid policy analysis/feasibility study/advocacy plan in less than 60 minutes. For further information, or to arrange for PSTK training for yourself and/or your staff, please check out the PSTK page on the www.aaphp.org web site or contact Joel Nitzkin jln-md@mindspring.com.



5. Roundtable Notice – Join us at Prevention 2011

Going to Prevention 2011 or Medical Quality 2011?

Join us at the
**American Association of Public Health Physician's
 Special Interest Table
 Open Discussion on Thursday, February 17th
 during lunch in the San Antonio
 Grand Hyatt Exhibit Hall.**

6. Tobacco Control Task Force Report

AAPHP's Tobacco Control Task Force (TCTF) currently has Drs. Virginia Dato and Dave Cundiff as interim co-chairs. Other Task Force members are Drs. Tim Barth, Kim Buttery, Arvind Goyal, Charles Mashek, John Montgomery, Joe Murphy, Joel Nitzkin, John Poundstone, Kevin Sherin, and Alfio Rausa. At this time the Task Force is working on developing a consensus on future steps. Members interesting in participating in an active discussion should contact President Tim Barth to be appointed to the committee."

In addition, there have been a number of interesting recent developments. On December 7th, the United States Court of Appeals for the District of Columbia Circuit upheld a lower court ruling related to the FDA and e-cigarettes and declared, "...the FDA has authority to regulate customarily marketed tobacco products—including e-cigarettes—under the Tobacco Act. It has authority to regulate therapeutically marketed tobacco products under the FDCA's drug/device provisions."

The Surgeon General issued a report - How Tobacco Smoke Causes Disease: The Biology and Behavioral Basis for Smoking-Attributable Disease. This report affirms that "Inhaling the complex chemical mixture of combustion compounds in tobacco smoke causes adverse health outcomes, particularly cancer and cardiovascular and pulmonary diseases, through mechanisms that include DNA damage, inflammation, and oxidative stress." Available at:
<http://www.surgeongeneral.gov/library/tobaccosmoke/report/titlepage.pdf>

Prevention Medicine 2011

February 17–19

San Antonio, TX

Grand Hyatt

Medical Quality

2011

February 17–19

San Antonio, TX

Grand Hyatt



7. 2011 Membership Renewal Reminder

In just a few days we will begin a new year. It is very important in these economic times of limited funding, budget cuts, national health care, etc. that there is a focus on public health and the important value of public health programs and services. If you are a 2010 AAPHP member, we ask that you continue to support AAPHP and renew your dues for 2011. If you are receiving this E-Bulletin and are not a current member, please consider joining your peers in 2011. There are various types of membership and one is sure to be the right one for you. Now there are two ways you can join AAPHP or renew your membership in AAPHP. All you need to do is:

Via the AAPHP website:

For current 2010 members: go directly to the renewal page click on this link:

<http://www.aaphp.memberlodge.org/Content/Wizard/Renewal/MemberRenewal.aspx>

If you never received a password simply click on "forgot email" and a link to choose a password will be sent to you by email. You can pay on-line with your credit card or follow the directions if you want to send a check.

For new members: just go to <http://aaphp.memberlodge.org> and follow the links for the membership application. You can pay directly on-line with your credit card or follow directions if you want to send a check.

Via Mail:

For either renewing or new members, you can print the membership application located at aaphp.org (or attached to this email) and mail it to the membership office noted on the form.



8. Information about the E-Bulletin

***** About the AAPHP E-Bulletin *****

This message is an electronic update from the American Association of Public Health Physicians (AAPHP) to public health physicians.

More information about AAPHP is at <http://www.aaphp.org>.

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