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Why join AAPHP
Between Oct. 1 and
Dec. 31, 2011 ?
[See inside](#)



Minutes from the
[General Membership Meeting](#) in Chicago
in this issue



Recent TWEETS
From AAPHP

American Association of Public Health Physicians

E-Bulletin October, 2011

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



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1. Message from The President

Timothy P. Barth, MD, CCHP
President AAPHP

Do ethical responsibilities and priorities change based on circumstances? Modern ethicists say, “Yes!” Ethical principles occasionally conflict with each other, based on specific situations. When this happens, we must reflect on the shared ethical basis of our society and our profession.

Anti-tobacco activism has seldom reflected on underlying values and ethical principles, nor on how these might change when professional and ethical obligations extend to entire communities (such as our nation, a large county, or a large prison).

As physicians, we focus on patients, or on populations, or on both. That focus influences our perceptions and priorities, especially when there is a conflict in our ethical responsibilities. Sometimes it is difficult to respect our patients’ autonomy, especially when our advice is unheeded and our educational efforts are ignored.

Yet it is surprising how much our political and professional debates reflect different – and sometimes unexamined – assumptions about values and ethics. In recent weeks, we saw presidential candidates debate HPV vaccine policy, without serious discussion of Public Health values and ethical responsibilities.

I have frequently cared for HIV-positive patients who wouldn’t tell their sexual partners about their status or use condoms – but my obligations and options may be very different in a community medical setting as opposed to a prison. I keep looking for better solutions, based on values and ethics.

Please join us for our AAPHP Interim Meeting and contribute to our Public Health Policy Forum, in association with APHA’s Annual Meeting in [Washington DC, Sunday, October 30, from 2:00 to 5:00 pm Eastern Time](#). We will be in [Meeting Room #6 of the Renaissance Hotel, 999 Ninth Street NE](#), near the Washington Convention Center.

Our focus will be on tobacco control issues, still a public health battle almost fifty years after the first “Surgeon General’s Report”. I look forward to our presentation and discussion on values, on ethical principles, and on how we prioritize values in our decision-making as Public Health Physicians.

Our business meeting will follow immediately after the educational session. Whether you attend in person or by phone, please get handouts and full information on AAPHP’s “Events” web page <http://www.aaphp.org/events> (see page 5). Please also review the bylaws changes (see page 8 of this newsletter), to be considered during our business meeting.

We look forward to seeing you in Washington at our Interim Membership Meeting!

2. President-Elect's Report

Virginia Dato, MD, MPH
President-Elect, AAPHP

Our nation faces many public health challenges and there are disagreements on some issues within the public health and medical community. The clinical physician has to choose what is best for their patient-- a patient that has chosen to come to see them. The Public Health Physician must consider the needs of all members of their population, including those from different backgrounds and with different values. Resource constraints and opportunity costs add to the complexity of policy development. The public health physician based at a state or local health department must also utilize, when appropriate, public health police powers to protect the members of their population from harm from others.

As part of my position with the Pennsylvania Department of Health, I was asked to assist with educational sessions related to the vaccination of health care workers against influenza. Even though influenza vaccination directly benefits health care workers, many choose not to be vaccinated. Our society has in the past accepted this, even in instances where patients are harmed. As part of this training, I volunteered to present ethics material prepared by Center for Vaccine Ethics and Policy at the University of Pennsylvania (<http://centerforvaccineethicsandpolicy.org/>) and available for all to use at <http://pahcwfluvax.org/ethics-policy-overview/>. As I reviewed the material, I realized that the principles being taught were applicable to many public health issues. Tobacco harm reduction has been one issue where there is disagreement within the public health community. Physicians who oppose harm reduction often quote the Hippocratic Oath to do no harm. However, respect for autonomy is equally important in a country formed upon the principle of liberty and the right to the pursuit of happiness. But that autonomy has limits. Those limits include harm to others.

As a public health physician, the part of my job that I dislike most involves restricting someone from something they want to do or requiring them to do something they do not want to do. I find that appropriate risk communication works far better than laws since it is very difficult to enforce certain prohibitions. Just look at Typhoid Mary <http://history1900s.about.com/od/1900s/a/typhoidmary.htm> and the efforts needed to prevent harm because she did not believe she was dangerous. When there is harm to others, both laws and risk communication must be applied.

Where we, in public health often disagree is the right of individuals to harm themselves. That tension is not new, nor limited to the public health community. Consider Amendments XVII (Prohibition of Liquor) and XXI (Repeal of Prohibition) of the Constitution of the United States of America. That tension is also present in the concepts of smoke free and tobacco free. Smoke free prevents harm to others and much of the harm to the smoker. We can all agree on the importance of smoke free laws.



Tobacco free is certainly something that individual physicians, working with individual patients can and should advocate for. But this is very different than mandatory requirements at the population level. Smokers are not hard to find, at least not in Pennsylvania where we have smoke free indoor air laws. I speak to many smokers, while I wait for busses or pass them while walking. I routinely ask complete strangers, “Would you like to stop smoking?” If they say yes I give them a card with the “1 - 800 –Quit- Now” phone number. But often they say they can’t quit and sometimes they just say no, they don’t want to quit. Sometimes we talk. At the end, some choose to try to be tobacco free, some choose to try harm reduction, and some choose to keep smoking.

As a public health physician I do not believe that we should, nor do I believe that we can require tobacco free at the population level (certainly not with cigarettes readily available) . I hope that our members who disagree with me will participate in the planned public health policy and ethics forum. I am willing to learn. Professor David Zarefsky (http://www.teach12.com/tgc/professors/professor_detail.aspx?pid=60) describes argumentation as reasoning tested by doubt. Argumentation is important to the development and testing of effective public health policy. May the best arguments result in the best policies.

3. Vice President’s Report



Ellen Alkon, MD, MPH
Vice-President, AAPHP

The challenge of Communicating Public Health

A recent editorial in *Science* reminded me of the challenge we all face with communication. In Rush Holt’s editorial “Dueling Visions for Science” September 16, 2011, he points out that the word “investment” for some in Congress is a code word for wasteful spending, because in their view government is ineffective.

We know the value of public health and its effectiveness. It should be an easy sell to people across the political spectrum. But we have a challenge in communicating that message. Part of the challenge is that the emotional definition that we have may not be a shared definition.

I once was talking enthusiastically to a congressman about family planning and the benefits it had for a healthy family. I discovered that planning one’s family to him meant abortion and that his definition of a family was the model that he knew as a child and certainly did not extend to single parent families much less the other models that are currently prevalent. In the one to one, we can learn what people are hearing when we talk; not what we think we are saying, but what it means to them. However, the chance to get this valuable feedback is not always present, so we need to be aware that words can have various meaning to different people.

Although the session on Ethics to be the focus of the AAPHP meeting concurrent with the APHA does not directly address communication, it will provide a tool for clear thinking about ethical issues and that can at least help our internal communication. Thanks to Virginia Dato for organizing this session.

4. AAPHP General Membership Meeting

Public Health Policy and Ethics Forum

Washington, DC

Location: Renaissance Hotel • Room: Meeting Room 6

2:00 – 5:30 PM

For this annual meeting, we are trying something a little different: a public health policy and ethics forum. This forum will begin with a very brief review of ethics principles from a presentation available at <http://pahcwfluvax.org/ethics-policy-overview/>. This presentation was developed by Center for Vaccine Ethics and Policy as part of Pennsylvania Department of Health Healthcare Worker Vaccination initiative. Next we will have an opportunity to debate and discuss the public health issues in the context of ethical principles.

We are continuing our efforts to make sure that all members, even those who cannot or choose not to travel to Washington DC, can participate by providing a telephone conference option. This is a good opportunity for members to present policy ideas that after discussion may serve the basis for future AAPHP policy. It is particularly important that members who disagree with existing policies raise those concerns at this time so that they can be discussed openly.

For electronic discussion before and after go to: <http://www.aaphp.org/EthicsForum>.

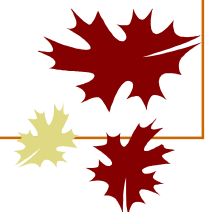
Register for the Annual Meeting to receive the handouts and for those attending by telephone – the call in number by going to this site: <http://www.aaphp.org/events>

If you don't have or have forgotten your password simply click on this link <http://www.aaphp.org/Sys/ForgottenPasswordRequest> to select a password of your choice.

5. Tobacco Control Task Force

The AAPHP approved tobacco policy and other related material can now be easily found at <http://aaphp.org/tobacco>. The upcoming Ethics and Public Health Policy Forum will be an excellent opportunity to raise any disagreements you or others have with existing policy and to bring up issues for future approval. Issues that are not easily resolved during the forum will be deliberated on via the Google tobacco group and conference calls (tentatively scheduled for 7 PM on November 16 and November 30). Individuals interested in joining in the discussion should contact co-chairs Tobacco Control Task Force

Co-Chairs Dave Cundiff (cundiff@reachone.com) or Ginny Dato (vmdata@gmail.com)



6. Nominations Committee Report

The nominating committee is being re-constituted to prepare for the 2012 elections. In 2012 we will be electing a new President-Elect and at least 3 new board members to replace the three members who will have completed the maximum two full terms. In addition, the Vice President, AMA Delegate, and AMA Alternate Delegate will have completed their terms (and may or may not run for re-election since multiple terms are permitted). Any individuals who wish to serve on the nominating committee and/or be nominated for any position should contact current President-Elect, Virginia Dato.

7. The Membership Committee Needs Your Help

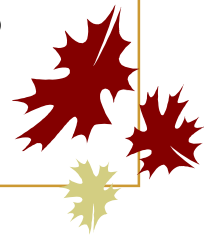
Your membership committee calls for expansion of AAPHP membership. Every member of AAPHP needs to be a champion for the organization. Let your public health physician colleagues know that they are welcome and needed.

To assist in the recruitment effort, anyone who joins after October 1, 2011 is a member for the rest of 2011 and for all of 2012. This should be a powerful incentive to join now.

The AAPHP motto is *The Voice of Public Health Physicians: Guardians of the Public's Health*. We have been remarkable effective thanks to devoted members, but we could be even more effective with more members!

Joining is easy. Just go to the web page: www.aaphp.org and click on membership application. You can join on line, or print out the application and mail it in.

Let's all strengthen this organization.

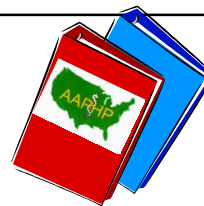


8. New Member Drive

The AAPHP Board decided to offer a **special membership opportunity** beginning October 1, 2011. Anyone joining AAPHP between **October 1 and December 31, 2011, will be given membership for all of 2012.** The Board also agreed to make this same offer to 2010 members who had not renewed yet for 2011. With the current economic times forcing everyone to look at all personal and professional expenses, we hope our previous members, as well as those public health physicians who have considered joining AAPHP, we take advantage of this opportunity. You can join directly on line by going to aaphp.org and clicking on the membership link. Or you can download the actual application and mail it to the address on the form. Should you have any questions, contact Sandy Magyar, 904-860-9208 or magyarsf@bellsouth.net.

9. Want to help work on Internal Policy Manual ?

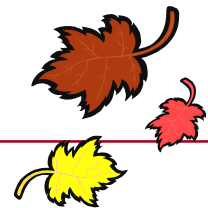
The Bylaws Committee is developing an internal policy manual for the organization. It will provide ancillary information to help members and leaders know about the organization. Prior, the only continuing easily available documents were business documents and the Bylaws. In accordance with good practice, we are now working on a manual. It will contain information about the purpose and use of the manual, background information on AAPHP, descriptions of governance and structure, membership and awards. It will also have appendices with our business documents such as the Bylaws. If you have documents or information that you think should be included in the manual, do let Ellen Alkon, chair of the Bylaws committee know. Her email is ellenalkon@cox.net.



10. Members in the News

Congratulations to Sharon Marable, MD, MPH, on her appointment as the CMO of the Harvard Street Neighborhood Health Center (<http://www.harvardstreet.org/management.htm>). Dr. Marable also serves AAPHP as a Trustee-At-Large.

Kevin Sherin, MD, MPH produced this video on an app for screening for domestic violence. Dr. Sherin notes it should become widely used in healthcare and judicial settings. Help spread the word. Domestic Violence is the number one reported crime in America and is under recognized in healthcare and even judicial settings. <http://www.clickorlando.com/video/29399277/index.html>



11. Recommended 2011 By-Laws Changes

Below are several changes recommended to the By-Laws. These changes will be voted on at the October 30, 2011 meeting.

Recommendation #1

Article III - Membership

A. Eligibility for Dues Paid Membership, by Category:

Current: 2. Any member in arrears for a period of twelve (12) months shall be dropped from membership.

Proposed: 2. Any Member in arrears for a period of **six (6) months** shall be dropped from membership.

Recommendation #2

Article III

D. General Membership Meetings

D1.

Current: The Annual General and Interim membership meetings shall take place in conjunction with a meeting of the AMA.

Proposed: 1. The Annual General membership meeting **may** take place in conjunction with a meeting of the AMA **or another public health meeting to be selected by the Board.**

D2.

Current: The interim general membership meeting shall also 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 5 months apart from C.1

Proposed: The interim general membership meeting **may** 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 5 months apart from C.1

D4.

Current: The general membership meeting shall be considered to have a quorum when not less than 5% of the membership is in attendance.

Proposed: The general membership meetings **s** shall be considered to have a quorum when not less than 5% of the **voting** membership is in attendance.

Recommendation #3

Article VII Duties of officers

Current: D. 1. The Vice-President shall chair the Membership Recruitment, Program and the Bylaws Committee.

Proposed: D.1: The Vice President shall chair the Membership Recruitment, Program and the Bylaws Committees, and be responsible for the Internal Policy Manual.

12. Annual Meeting Minutes

**American Association of Public Health Physicians
General Membership Meeting
Hyatt Regency Chicago, Chicago, IL
June 18, 2011**

(The minutes have been abbreviated)

Welcome, Call to Order, and Introductions:

Vice-President Dr. Ellen Alkon convened the general membership meeting at 1800 local time.

Present were Drs. Ellen Alkon, President Dr. Tim Barth, Dave Cundiff, Virginia Dato, Seth Flagg, Erica Frank, Arvind Goyal, A.L. Jones, Ilse Levin, Doug Mack, Charles Mashek, John Montgomery, Marietta Nelson, Alfio Rausa, and Neil Winston. Ms. M. Alkon also attended.

Presentation:

Kristen L. Knutson, PhD
Assistant Professor of Medicine
Department of Health Studies
University of Chicago

Dr. Knutson's presentation was entitled Deficient Sleep and Risk of Cardiometabolic Disease.

General Membership Meeting Minutes November 7, 2010 – Dr. Mashek

The minutes from the General Membership Meeting held on November 7, 2010 at the Hyatt Regency Denver in Denver Colorado were approved as distributed.

Nominating Committee Report – Dr. Dato

With a quorum present, Ryung Suh, MD, MPP, MBA, MPH, was unanimously elected to the AAPHP Board of Directors to occupy a previously vacant seat.

AMA Delegates Report

The delegate discussed pending and potential AAPHP related business at the AMA House of Delegates. The discussion included resolutions 119, 420, 423, and CSPH Report 4. There was also discussion of a potential late emerging resolution/s on the topic of guns in your medical practice. A motion was passed to allow Dr. Goyal to work with relevant parties and use his discretion to act upon the issues within the AMA HOD.

President's Report:

President Dr. Tim Barth provided:

- An acknowledgement of the dedication and loyalty of Dr. Buttery to the AAPHP. Dr. Barth will donate a plaque for presentation.
- An update on the U.S. Supreme Court case **Schwarzenegger v. Plata**. The decision was handed down on May 2, 2011. It required the release of a specific number of prisoners within a certain period of time.
- An update on the FDA determination to regulate E-cigarettes and other forms of nicotine delivery under tobacco products regulations instead of drug delivery/dispensing devices.

Vice-President's Report:

Dr. Alkon provided:

- An update on the membership drive. The current membership stands at 200 members. We must all consider ourselves as members of the membership committee and recruit.
- An update on the development of an AAPHP policy manual.
- A motion was passed that made the distribution of E-News a members-only benefit. The executive committee will determine the proper notification and implementation procedure.

Treasurer's Report:

Dr. Cundiff presented the treasurer's report with current assets including savings of \$8,093.89 and checking balance of \$7,713.00.

Sandy Magyar voluntarily reduced her fee from \$1,250 to \$650 monthly.

After discussion, the a motion to accept the report passed unanimously.

Website Report – Dr. Dato

The new website is up and running well. Any comments, questions, or recommendations should be sent to Dr. Dato. She provided a guided tour of the current website and its functionality.

Adjournment:

We adjourned at 1939 local time, with thanks to all.

13. News Items

→ National Network of Libraries of Medicine, Southeastern Atlantic Region

New SEA Currents posting!

This is to let you know that a new SEA Currents article has become available. You can find this article online [here](#).

PubMed Health — A Growing Resource for Clinical Effectiveness Information

PubMed® Health developed further as a resource for clinical effectiveness research with its August and September 2011 releases. Growing from around 200 items based on systematic reviews to over 5,000, PubMed Health has also begun a collection focused on helping people understand systematic reviews and their results. PubMed Health goals are: helping users find the evidence that could answer their questions about effects of health care and helping them understand what they find. For more information see the full [NLM Technical Bulletin article](#).

→ **NACCHO publishes its preliminary report from the Job Losses and Program Cuts Survey for July/August 2011.**

You can access the report at the link below.

Some key findings from this survey include:

- More than half (55 percent) of all Local Health Departments (LHD) had to make cuts to important programs such as maternal and child health, clinical services, and emergency preparedness.
- Since 2008, LHDs across the country lost 34,400 jobs to layoffs and attrition, as employees left and the LHD was unable to fill the position due to budgetary restrictions.

Forty-five percent of LHDs report that their budget is lower in the current fiscal year as compared to last year, and more than half (52 percent) expect cuts in the next fiscal year.

<http://www.naccho.org/topics/infrastructure/lhdbudget/loader.cfm?csModule=security/getfile&PageID=213198>

→ **Recent Tweets from AAPHP**

AAPHP has 364 Twitter Followers – Recent Tweets That Might Be of Interest
(Send Tweet Suggestions to vmdato@aaphp.org.)

Free online collection of local public health tools! naccho.org/toolbox/ Thank you NACCHO

Is it possible to estimate out of pocket costs for medical procedures? Interesting website with real insurance data: fairhealthconsumer.org

Another study documents the benefits of exercise. guardian.co.uk/lifeandstyle/2...

“What keeps you going?” Is it important? psychiatrictimes.com/bipolar-disord...

Interesting! Your Personal Guide for the Best Health and Medical Care from your home, hospital, clinic, or workplace howsyourhealth.org

PubMed Health — A Growing Resource for Clinical Effectiveness Information nlm.nih.gov/pubs/techbull/...

What Most Americans Don't Remember about Labor Day uppersaucon.patch.com/articles/what-...

Are corporations the same as people? Yes if you are the Supreme Court. Why does it matter? See youtube.com/storyofstuffpr...

14. How to Contact E-Bulletin

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

This message is an electronic newsletter from the American Association of Public Health Physicians (AAPHP) to AAPHP members. More information about AAPHP is at <http://www.aaphp.org>.

AAPHP makes this electronic newsletter available on its website— <http://www.aaphp.org>. Members are sent the newsletter directly via email. If you like what you have been reading and want to become a part of AAPHP, you can join directly on-line from the website or download a copy and mail it to the address on the form or fax it.

For more information contact Sandra Magyar @ 904-860-9208 or email magyarsf@bellsouth.net .

