



American Association of Public Health Physicians

E-News

September, 2009

Membership Address

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

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AAPHP meets at

Philadelphia

November 8, 2009



1. MARK YOUR CALENDARS: An AAPHP General Membership meeting

will be held Saturday evening, Nov. 8th in Philadelphia at the American Public Health Association Meeting. The key note speaker again will be Dr. Rodney G. Hood a practicing internist from San Diego. The topic is Health Equity in Health Care Reform. Dr. Hood is a past president of the National Medical Association and is active with the Center for Minority Health through the University of Pittsburg. We hope to see you there!. Remember to invite all of your colleagues in Correctional Medicine. AAPHP has a long standing relationship with the National Commission on Correctional Healthcare!.

2) From Wikipedia, the free encyclopedia

The following information on AAPHP is located in Wikipedia, a free on-line encyclopedia. Your officers are still looking at updates and changes. If you would like to see additional information included or have ideas, please send an email to either President Kevin Sherin (ksherin@yahoo.com) or Sandy Magyar (magyarsf@bellsouth.net)

The American Association of Public Health Physicians (AAPHP),^[1] is a medical specialty society specifically for physicians whose careers have included work in the field of [public health](#), including as state and local health officers. Its motto is "the voice of Public Health Physicians-Guardians of the Public's Health". Physicians from various medical specialties are welcomed as members. Physicians working in correctional medicine have been strongly affiliated with this group, as well as those serving in federal, state, and local public health agencies.

Brief history

The Association was founded in Texas in 1954, as a Texas based corporation, by Dr. Carl Brumback MD from [Florida](#),^[2] and other physicians who served as state and local health officers across the [United States](#). Dr. Brumback, now 95, remains active in teaching preventive medicine residents at the Palm Beach County Health Department Preventive Medicine Residency in West Palm Beach, FL.^[3] For 55 years, AAPHP has been an active voice for improving public health, through improving population based health services, prevention, and public health policy. A number of physicians working as correctional medicine health officers have also been members. AAPHP leaders have often taken important, and even controversial positions, in order to protect the public's health(see officers).

Officers/Organization

The organization is headquartered in [Green Cove Springs, FL](#). The current 2008-2010 AAPHP President is Kevin Sheirn, MD, MPH, the Health Officer and Director of The [Orange County Health Department](#) of [Orange County, Florida](#).^[4] The President-elect is Tim Barth, MD, MPH from Michigan, whose career has mainly included correctional healthcare ([National Commission on Correctional Health Care](#)). AAPHP board members, Jonathan Wessbuch, of Arizona, and Doug Mack, of Colorado, are also members of the [National Commission on Correctional Health Care](#).(NCCHC)^[5]. AAPHP Board Member Jason Newsome, MD, MPH also now works in corrections health care. He recently served as a local health officer in Florida, and was a strong proponent of obesity prevention efforts through a strongly worded campaign involving visible signage postings, including "Doughnuts = Death", in his community.^[6]

Involvement with the AMA

AAPHP has members from throughout the US, and is an active voice within the [AMA](#). Many of its members are also AMA members. Dr. Arvind K Goyal and Joseph Murphy MD, both of Illinois, are the association's AMA delegate and alternate delegate, respectively. AAPHP's full voting membership in the [AMA house of delegates](#), was renewed for a five year cycle, in 2009. AAPHP Vice President, Neil Winston, MD, MPH is a prominent member of the Illinois State Medical Society, [AMA AMPAC](#) board member, and the [American College of Emergency Physicians](#). AAPHP member, Ilse Levin, MD, MSPH, from Massachusetts, serves on the AMA council on Science and Public Health. AAPHP alternate delegate Joseph Murphy MD, serves on numerous AMA councils and committees. The late Ron Davis, MD, MPH, of Michigan, was a long term AAPHP member, and a recent Past President of the American Medical Association, 2007-2008.^[7] Board member Dr. John Montgomery is the CMO of Blue Cross Blue Shield of FL, and serves as a Florida Medical Association Delegate to the AMA. Dr. Dennis Mallory, a Medical Examiner from Iowa, was recently elected to the Board, and Serves as an AMA Delegate from Iowa.

Health policy: population health

The 55 year old association has had influence at the [AMA](#) through the house of delegates, by the resolutions process. AAPHP has advocated public health and population health policy as in the 1998 Tobacco Settlement, a [single payer](#) health care system, etc.^[6] Most recently the AAPHP has studied policies on tobacco harm reduction, and became the first medical organization in the U.S. to formally adopt a policy of "...encouraging and enabling smokers to reduce their risk of tobacco-related illness and death by switching to less hazardous smokeless tobacco products."^{[9][10]} AAPHP has sponsored successful resolutions for standards in correctional healthcare, for the [NCCHC](#), through the AMA process. AAPHP has recently sponsored the following AMA resolutions including: 1) concerns for text messaging as a cause of accidents, 2) H1N1 influenza A surveillance and lab capacity, 3) airline measures and response, and 4) food safety.(source: AMA House of delegates November, 2008 & June, 2009)

Training others for evidence based, population health policy

In 2006, [AAPHP](#) received funding from the [Centers for Disease Control](#) (CDC) to develop a teaching program to teach public health and healthcare leaders policy analysis skills to enhance their ability to secure approval for both community based and clinical preventive service programs. Since then, under the name of the Preventive Services ToolKit Project(PSTK), AAPHP has conducted more than 30 half-day and full-day seminars across the country, and is now in the process of putting this seminar on line. For more information see the "Preventive Services ToolKit" page on the [www.aaphp.org](#) web site.^{[11][12]} AAPHP envisions a future network of academic health departments collaborating with health professions education in centers across the United States

Health equity and health reform

Dr. Rodney G. Hood, MD, past President of the [National Medical Association](#),^[13] is presenting a series of keynote talks for AAPHP, at the AMA, and the [American Public Health Association](#), on the critical topic of [health equity](#). AAPHP advocates an emphasis on [prevention](#) and health equity for current U.S. [health care reform](#).

Footnotes

1. [^] ["AAPHP The American Association of Public Health Physicians". www.AAPHP.org. http://www.aaphp.org.](http://www.aaphp.org) Retrieved 2009- 08-15.
2. [^] {personal communication with Carl Brumback, MD, MPH, 2009-08-03, FL Public Health Association}
3. [^] ["Palm Beach County Preventive Medicine Residency". http://www.pbchdresidency.org/. http://www.pbchdresidency.org/.](http://www.pbchdresidency.org/) Retrieved 2009-21-08.
4. [^] ["Sherin leads National Health Group". enewsbulder.net. http://enewsbuilder.net/orcc/e_article001128873.cfm?x=bcV1hBm.b3jdsqBw.w.](http://enewsbuilder.net/orcc/e_article001128873.cfm?x=bcV1hBm.b3jdsqBw.w) Retrieved 2009-21-08.
5. [^] ["National Commission on Correctional Healthcare-AMA resolutions". www.ncchc.org. http://www.ncchc.org/about/AMA_resolution.html.](http://www.ncchc.org/about/AMA_resolution.html) Retrieved 2009-21-08.
6. [^] ["Doctor Ousted for 'Death' Doughnuts Sign". AP and www.news.aol.com. http://news.aol.com/article/doctor-fired-over-doughnuts-equal-death/617543.](http://news.aol.com/article/doctor-fired-over-doughnuts-equal-death/617543) Retrieved 2009-21-08.
7. [^] ["\[1\] Ronald Davis\(doctor\)\]". wikipedia.org. http://en.wikipedia.org/wiki/Ronald_Davis_\(doctor\)\].](http://en.wikipedia.org/wiki/Ronald_Davis_(doctor)) Retrieved 2009=2108.
8. [^] ["AAPHP E news and bulletins". http://www.aaphp.org/bulletincnt1.HTM.](http://www.aaphp.org/bulletincnt1.HTM) Retrieved 2009-21-08.
9. [^] Nitzkin JL, Rodu B, 2008. The case for harm reduction for control of tobacco-related illness and death. Resolution and White Paper, American Association of Public Health Physicians. Adopted October 26, 2008. [2]
10. [^] ["Norwegian citation for AAPHP role in Harm Reduction, page 12". sirus.no. http://www.sirus.no/files/pub/484/sirusrap.2.09.eng.pdf.](http://www.sirus.no/files/pub/484/sirusrap.2.09.eng.pdf) Retrieved 2009-21-08.
11. [^] ["Preventive Services Tool Kit". www.aaphp.org. http://aaphp.org/pstk/2009/index.htm.](http://aaphp.org/pstk/2009/index.htm) Retrieved 2009-25-09.
12. [^] ["Preventive Medicine Toolkit, example module". www.commed.vcu.edu. http://www.commed.vcu.edu/PSTK_CME/20061009%20PSTK%20InstrManual%20Mod3%20Planning.pdf.](http://www.commed.vcu.edu/PSTK_CME/20061009%20PSTK%20InstrManual%20Mod3%20Planning.pdf) Retrieved 2009-25-08.
13. [^] ["Center for Minority Health /UPitt". cmp.pitt.edu. http://www.cmh.pitt.edu/aahpc07.asp.](http://www.cmh.pitt.edu/aahpc07.asp) Retrieved 2008-21-08.

Other sources, references and notes

Resolutions of the AMA house of delegates, 1989-2009 [search AMA website](#)

AAPHP E News and Bulletins on aaphp.org website [3]

3) AAPHP Open Letter to Dr. Deyton, FDA Tobacco Center

Don't Write Off Current Smokers

Dear Dr. Deyton:

For the past half century, the American Association of Public Health Physicians (AAPHP) has served as the national voice of physician directors of state and local health departments and other like-minded physicians. We have long been involved with tobacco control, with the singular goal of doing everything in our power to reduce tobacco related illness and death.

As you assume leadership of the new FDA post, we urge you to broaden your focus to consider the actions FDA can take, within the powers granted by this new legislation, to rapidly and substantially reduce tobacco-related illness and death in current adult smokers.

Unfortunately, FDA has not gotten off to a good start. FDA condemnation of electronic cigarettes, in its July 22 press conference, and FDA insistence that electronic cigarettes should be regulated as a drug/device combination rather than as a tobacco product makes no sense from a public health perspective. It flies in the face of FDA laboratory findings on other products already approved by FDA. If one looks at electronic cigarettes as a sentinel for all smokeless tobacco products less hazardous than conventional cigarettes – the outlook for FDA action reducing tobacco-related illness and death among current adult smokers is dismal.

With this in mind, we respectfully request your consideration of the following actions:

- 1. We urge FDA to make public the laboratory data behind the July 22 condemnation of electronic cigarettes, along with comparable data on pharmaceutical nicotine products and conventional cigarettes. Then, on the basis of these data, either fully justify or retract the July 22 condemnation of electronic cigarettes.**
- 2. We urge FDA to reclassify electronic cigarettes from a drug/device combination to a tobacco product.** This will enable FDA to immediately regulate manufacturing and impose marketing restrictions during this initial period of FDA Tobacco Center development. This reclassification will eliminate pressure on the several hundred thousand current American users of electronic cigarettes to switch back to conventional cigarettes.

Late in August, AAPHP sent the following letter to Dr. Deyton, the incoming Director of the New FDA Tobacco Center

This year, about 400,000 current and past adult American cigarette smokers will die of a tobacco-related illness. Their second hand smoke will kill about 48,000 non-smokers. About 700 more will die in residential fires. Despite progress on other measures of tobacco use, per CDC estimates, this death count continues to inch up from year to year. In contrast, even though smokeless tobacco products represent about 20% of nicotine intake in the United States, the number of deaths per year from these products is too small for reliable estimates from the CDC.

Our (AAPHP) best estimate is that smokeless tobacco products currently cause about 700 cancer deaths per year in the United States. This is less than 1% of the more than 110,000 deaths that would occur each year if smokeless products carried the same mortality as conventional cigarettes.

This last week, Boffetta and Straif published a paper alleging evidence of an increased risk of fatal heart disease and stroke among smokeless tobacco users. This is a study sure to be referenced by those seeking evidence of the harmfulness of smokeless tobacco products. Unfortunately, this study suffers from major technical and ethical flaws, including failure to note in the abstract that the findings that they found no increased risk of non-fatal heart attack or stroke, and no dose-response showing increases in risk with increasing use of smokeless tobacco. Even worse is the fact that, of the many studies reviewed, only two showed evidence of a slight increase in risk of death – and these were the ones selected for the conclusion and abstract. That having been said, their allegations of a 13% increase in risk of fatal heart attack and 40% increase in risk of fatal stroke pales in comparison with the 180% to 300% increases in risk for men and women 35-64 years of age posed by currently smoking cigarettes.

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Contrary to prevailing conventional wisdom, virtually all the heart and lung disease from conventional cigarettes, and an estimated 98% of the cancer mortality, are due to direct inhalation of hot products of combustion deep into the lung. Our best estimate is that only about 2% of the cancer mortality from cigarettes is from the named carcinogens commonly found in tobacco products. Smokeless tobacco products carry little risk of heart disease and no risk of lung disease. They do not kill innocent bystanders and they do not burn down houses. The risk of cancer of any kind from smokeless products ranges from a high of about 5% of the risk of cancer posed by conventional cigarettes to a low well under 1% of the risk of cancer posed by conventional cigarettes. While definitive studies have not been done, we have reason to believe that tobacco products, such as electronic cigarettes, consisting of nicotine extracted from tobacco with only trace amounts of other chemical substances, should carry even less risk.

All of the discussion to date around the new FDA/Tobacco bill has focused on reducing initiation of nicotine use by children and teens. The only discussion of current smokers has been limited to encouraging use of pharmaceutical products to aid cessation. This has been touted as doubling quit rates – but without mentioning that this doubling is from about 3% to about 5% per year. In other words, this option fails 95% of smokers willing to try it, even under study conditions with optimal counseling.

It should be possible to save the lives of 4 million or more of the 8 million adult American smokers who will otherwise die of a cigarette-related illness over the next twenty years. This could be done by making smokers aware of selected smokeless tobacco products (including but not limited to snus and electronic cigarettes) that promise to reduce the risk of tobacco-related illness by 99% or better for smokers who are unwilling or unable to quit. Rather than discouraging nicotine cessation, however, such an approach, even with no medical intervention, would be expected to triple the rate at which current smokers eventually discontinue their nicotine use.

Those writing the new FDA legislation endorsed a harm reduction component to current tobacco control programming, but in a most peculiar way. The law encourages cigarette manufacturers to develop “reduced exposure” products and market them with no scientific proof that such reductions in exposure will reduce risk. The law then requires new “scientific evidence” for smokeless products, already known to be of substantially lower risk. The law also requires warning labels on smokeless products designed to convey the impression that smokeless products are as hazardous as conventional cigarettes.

More discouraging, however, was the July 22 press release from the FDA condemning electronic cigarettes because they contain traces of carcinogens. This left many with the impression that electronic cigarettes may be more hazardous than conventional cigarettes. Absent from this press release were the actual laboratory data, comparison data with FDA-approved nicotine replacement products, or comparison with conventional cigarettes.

Electronic cigarettes are intended for use by current smokers as a substitute for conventional cigarettes. They have been on the American market for about three years. There is no evidence that these products are being marketed to or may be attracting significant numbers of children and teens. The FDA action to ban them from the market on the basis of unsupported speculation that they might be attractive to children and teens raises the specter of FDA policy being based on intent to protect the profits of cigarette makers and pharmaceutical firms, as opposed to protecting the health of the public. Altria/Philip Morris, makers of Marlboro cigarettes, played a major role in the drafting the FDA/Tobacco bill. They will be the largest single contributor to the fund supporting the new FDA Tobacco Center. The pharmaceutical firms in question have been major contributors to the Campaign for Tobacco Free Kids – the voluntary organization that lead the advocacy effort for the new legislation.

Regulating electronic cigarettes as a tobacco product, rather than as a “drug/device combination” would enable them to remain on the market under FDA regulation of manufacturing and marketing while confirmatory research proceeds apace.

We look forward to working with FDA to use the powers granted by this new legislation to rapidly and substantially reduce tobacco-related illness and death, both now and for many years to come.

References:

The data on smoking attributable deaths on page 2 of this letter are from the Centers for Disease Control MMWR report of November 14, 2008. <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5745a3.htm>

The estimate that 20% of current nicotine consumption in the United States is from smokeless tobacco was generated by Mr. William Godshall, based on the formula of Federstrom et al, in their 2002 paper estimating nicotine consumption by type of tobacco product in multiple countries.

The discussion on risk of heart disease and stroke from smokeless tobacco products is from Paolo Boffetta and Kurt Straif : Use of smokeless tobacco and risk of myocardial infarction and stroke: systematic review with meta-analysis. Published August 18, 2009. BMJ 2009; 339: b3060 [[Abstract](#)] [[Full text](#)]

The data on relative risk of fatal heart attack and stroke from smoking, in men and women 35-64 years of age, are data from the American Cancer Society as quoted in "Changes in cigarette-related disease risks and their implication for prevention and control." Smoking and Tobacco Control Monograph 8. Bethesda, MD: US Department of Health and Human Services, Public Health Service, National Institutes of Health, National Cancer Institute 1997;305-382. NIH Publication no. 97-1213.

The other references to the scientific literature that back-up the points made in this letter can be found on the Tobacco Issues page at the <http://www.aaphp.org> web site. There is an October 2008 "Resolution and White Paper on Tobacco Harm Reduction." This paper, on pages 6 and 13, includes then-current CDC and AAPHP mortality projections. "The Myth of the Safe Cigarette" questions supposition that conventional cigarettes can be made safer. The exchange of correspondence with Zhu et al, from a paper published earlier this year, deals with the difference in quit rates, comparing conventional cigarettes to smokeless tobacco products.

Yours,

Joel L. Nitzkin, MD, MPH, DPA

Chair, AAPHP Tobacco Control Task Force

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Conflict of Interest Disclaimer: Neither of us, nor the American Association of Public Health Physicians, has received or anticipates receipt of any financial support from any tobacco product manufacturer or vendor, or any pharmaceutical firm making nicotine replacement products.

4) H1N1 Update

Federal authorities predict that up to half the US population might become infected with H1N1 influenza this coming fall and winter, and up to 90,000 could die. This upper-end estimate presumes that we will be seeing ten-fold increases in flu incidence on a weekly basis after schools open during these next few weeks, and the possibility of the virus becoming much more virulent than it has to date. The problem is that the first civilian shipments of flu vaccine might not become available until early November. For additional detail see the 86 page Panel Report at http://www.whitehouse.gov/assets/documents/PCAST_H1N1_Report.pdf and AMA news summary of this issue at (provide link).

This summary is extracted from our AMA News of 8-26.

“CDC plans early roll out of H1N1 vaccine”.

Various news media reports are circulating upper end estimates of current H1 N1 projections.

ABC reported on 8-25, " presidential panel of scientists is projecting that as schools open, the number of infections could grow by tenfold every couple of weeks. In order to stem a rapid spread of the virus, the government is considering a radical move. Distributing a vaccine, even if testing on the vaccine is not yet complete." HHS Secretary Kathleen Sebelius explained that H1N1 "is scarier than some issues we've seen before, is that no one has a built-in immunity to this virus." She said, "We think it's wise to get some vaccine ready to go as quickly as you possibly can. That probably outweighs the waiting to gather all the evidence." ABC noted that "early test results have been encouraging," with Dr. Frank DeStefano of the CDC's Immunization Safety Office saying, "The risk from the vaccine itself, right now, from what we can tell this should be a very safe vaccine."

ABC also reported on its website that CDC's Dr. Schuchat, director of the National Center for Immunization and Respiratory Diseases, is confident of the "early roll-out of a vaccine against the H1N1 swine flu virus." Dr. Schuchat said, "We certainly feel that based on everything we know about seasonal influenza and H1N1... the risks of the disease are much higher than the risks of the vaccine." While "some infectious disease experts said that given the circumstances, the plan is warranted," others called the early roll-out "premature."

The NYT downplayed these reports and quotes the CDC , "after a White House advisory panel issued a [report](#) Monday estimating the US could see "up to 90,000 deaths from swine flu" and "up to 1.8 million people hospitalized," the CDC, through Dr. Schukat said, " projections should be regarded with caution." "We don't necessarily see this as a likely scenario." A CDC PIO, was quoted, "Look, if the virus keeps behaving the way it is now, I don't think anyone here expects anything like 90,000 deaths." The Times notes a lack of coordination among public officials "for a report with such striking figures

H1N1 Influenza updates:

Here is
information
from several
sources.

INFLUENZA PANDEMIC (H1N1) 2009 (37): SECOND WAVE PLAN, WHO

A ProMED-mail post

<<http://www.promedmail.org>>

ProMED-mail is a program of the International Society for Infectious Diseases

<<http://www.isid.org>>

Date: Fri 28 Aug 2009

Source: World Health Organization (WHO) Global Alert and Response (GAR)

Pandemic (H1N1) 2009 Briefing note 9. [edited]

<http://www.who.int/csr/disease/swineflu/notes/h1n1_second_wave_20090828/en/index.html>

Preparing for the 2nd wave: lessons from current outbreaks Pandemic (H1N1) 2009

Monitoring of outbreaks from different parts of the world provides sufficient information to make some tentative conclusions about how the influenza pandemic might evolve in the coming months. WHO is advising countries in the northern hemisphere to prepare for a 2nd wave of pandemic spread. Countries with tropical climates, where the pandemic virus arrived later than elsewhere, also need to prepare for an increasing number of cases. Countries in temperate parts of the southern hemisphere should remain vigilant. As experience has shown, localized "hot spots" of increasing transmission can continue to occur even when the pandemic has peaked at the national level.

5) Please let AAPHP help you

AAPHP is the voice of public health physicians and welcomes all physicians who are committed to the public's health.

AAPHP accomplishes its work with a maximum of volunteer labor and a minimum of cash expense. We are proud to make the E-News and other AAPHP materials available without charge to physicians and medical students interested in public health.

If you haven't done so already, please download AAPHP's 2009 Membership Form right away at <http://www.aaphp.org/Membership/2009MembForm.pdf> and send it to us by fax or postal mail. Please make your 2008 membership as generous as you can. Consider "Supporting" or "Sustaining" membership for 2009 if you are able to do so.

AAPHP is a 501(c) (6) professional membership organization that informs and represents Public Health Physicians. AAPHP dues may be deductible as an "ordinary and necessary" business expense under Internal Revenue Code.

Details may differ based on your individual situation.

AAPHP dues can be paid by credit card -- either by faxing the membership form to Sandy Magyar, Our Membership Secretary at (904) 529-7761 or by calling her at (904) 860-9208.

Please also tell your friends and colleagues about AAPHP's representation of Public Health Physicians. E-News subscriptions are still free, on request, to any interested physician or medical student. We welcome new subscribers and members. Thank you for your support!

Kevin Sherin, MD, MPH (ksherin@yahoo.com) AAPHP President-elect and E-News Editor



*AAPHP is the
voice of
public health.*

Download your 2009 Membership Form Today



6) Around the Country

Florida One Health Newsletter

Florida Department of Health, Division of Environmental Health, has put together a newsletter, Florida One Health Newsletter for the purpose of enhancing the integration of animal, human and environmental health services. This concept arose from the realization that human health and animal health are inextricably linked and that a holistic approach is needed to understand, to protect, and to promote the health of all species. For those of you not familiar with this Newsletter, it is published quarterly and features articles showing One Health in action. Please feel free to visit the website and see the recent issues of the newsletter. Contact information is listed there.

http://www.doh.state.fl.us/Environment/medicine/One_Health/OneHealth.html

PCAN Award Presented

The Primary Care Access network (PCAN) of Orange County received the Best Practice Award by AAPHP at the June 13, 2009 meeting in Chicago. The PCAN program is a network of safety net healthcare providers that coordinates and facilitates a full range of primary care, specialty care, acute care, behavioral health, dental care and ancillary services with over 100,000 patients. (See the July AAPHP E-News) AAPHP President Kevin Sherin presents the award to PCAN back in Florida.



7) Request Proposals for November AMA Meeting

Your delegate, Arvind K. Goyal and alternate delegate, Joseph L. Murphy request your proposals for resolutions to be considered at the November meeting of the AMA. Our focus needs to be on those items which if adopted by the AMA will help our advocacy efforts in public health: practice, policy, education, prevention and patient/population care etc. Other resolutions must wait until the June 2010 meeting of the AMA, per rules established by the AMA. Your ideas can be submitted by or before September 30, 2009 to: arvindkqoyal@aol.com. Please include your day and evening phone numbers to allow for further discussion as the resolution language is finalized prior to submission.

November
AMA
Meeting

8) Upcoming Meetings and Conferences

(send information on upcoming meetings you want included to:

AAPHP Meeting (in conjunction with APHA)

November 8, 2009

Mariott – Room: Franklin 4

Philadelphia, Pennsylvania

Speaker: Rodney G. Hood, MD

“Health Equity & disparities Part II”

www.aaphp.org



National After Action Workshop on a Federal Public Health Emergency: The Novel Influenza A H1N1 Epidemic of Spring 2009

September 21-22, 2009

Torrance Mariott Hotel

3635 Fashion Way

Torrance, CA 90503

www.cphd.ucla.edu

Symposium on Quality Improvement to Prevent Prematurity

October 8-9, 2009

Hyatt Regency Crystal City

Arlington, VA

www.marchofdimes.com/conferences

There will be an upcoming symposium to address the Chinese Drywall issue. This is the first conference to bring together researchers from the primary state and federal agencies conducting studies on corrosive drywall and invite others conducting analyses to present their findings:

Technical Symposium on Corrosive Imported Drywall

November 5-6, 2009

Mainsail Suites Hotel and Conference Center

Tampa, FL

www.drywallsymposium.com

An interactive Learning Institute titled ***Strategies for Local and State Health Departments to Reduce the Negative Impacts of a Distressed Economy*** will be conducted on Sunday November 8, 2009 during the APHA Annual Meeting. Primary objectives of the session are to give public health leaders valuable tools and strategies to implement proactive financial management strategies to reduce risk; best practices in comparative analysis and financial management; and methods to improve sustainability. [A limited # of partial registration scholarships \(\\$150\) are provided through funding from the Robert Wood Johnson Foundation.](#) Access this site for additional information: <http://www.publichealthsystems.org/media/file/APHA2009LIFlyer.pdf>. Contact "Snow" Wang with scholarship or other questions xueyuan.wang@msdh.state.ms.us (601-576-7772)

American Public Health Association Annual Meeting
"Water and Public Health, The 21st Century Challenge

November 7-11, 2009

Philadelphia, Pennsylvania

Pennsylvania Convention Center

www.apha.org/meetings

9) To contact E-news

AAPHP President- and editor of this e news,
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***** About AAPHP E-News *****

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Public Health Physicians (AAPHP) to public health physicians.
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***** End of E-News Message *****

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