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2013 Membership Meeting Pictures

(Picture below from Top to Bottom are AAPHP Outreach Director Katrina Rhodes MD MPH, President Virginia Dato MD MPH, Guest Speakers Sarah Newman, MPH and Jan Wilholt, AAPHP members Jeffrey Gunzenhauser MD MPH and Takeisha Charles Davis MD MPH)



President’s Message

2014 is the American Association of Public Health Physicians 60th year of representing public health physicians. Public Health Practice has changed greatly in these years.

Over the years, the politicians in many states have solved the problem of physician ethical obligations and knowledge by simply replacing Public Health Physicians at the highest levels, sometimes by individuals with no public health or medicine training and no job protection.

And while the Affordable Care Act brings great opportunities for access to care for many of our most vulnerable citizens, it also presents challenges. Individual insurance simply will not solve all problems even for covered services. A medical home is wonderful but for some our citizens finding shelter, food, work and overcoming addictions are higher priorities.

Over utilization and risks of too much care are real issues for the many individuals as well as the leadership of Accountable Care Organizations, insurance companies and public safety net programs. But for those of us in traditional public health it is not the over utilizers but the under utilizers that are our biggest challenges.

Sometimes individuals need to be treated not for themselves but to protect others. A good medical home (with appropriate infection control rooms and capacity) can handle this for some. But for many the medical home (if they have one) is too far away, too scary, too expensive, or not

**2014 Annual Meeting
Agenda 2/22/2014**

Location: by telephone 1-712-432-3066 (conference code 280904) or Jaspewood Room at the Hilton New Orleans Riverside

Noon to 12:15 PM CST – Informal Networking (Attendees may bring a lunch purchased from the PM2014 Lunch line to the room.)

12:15 to 1 PM CST – Business Portion
Call to order, Introductions, Approval of Minutes, Update on Membership and finances, Presidential Awards, Nominations Committee report, Election, Passing of Presidency to Dr. Ryung Suh,

1 to 1:30 CST - Strategic Discussion lead by Dr. Suh).

trusted. Some simply do not care about their health and sometimes it is not a person that needs treatment or evaluation but an environment – lead in shooting ranges, legionella in a water fountain, pathogens at a petting zoo.

Unfortunately the wonderful field workers at the local public health level are decreasing in number. AAPHP's websites devoted to this issue are at <http://www.aaphp.org/local> (public) and <http://www.aaphp.org/LHD> (member only).

The traditional medical system even with unlimited funding cannot protect Public Health. For me it is personal and stressful. Many of the positions that responded to the Nation's largest Hepatitis A outbreak here in Western Pennsylvania in 2003 simply no longer exist. (A brief summary is available here: http://en.wikipedia.org/wiki/2003_United_States_hepatitis_A_outbreak.) We need to rebuild capacity at the local level.

AAPHP is a co-sponsor of the Innovation Forum (see aaphp.org/events) which may help solve some of these difficult problems. Innovation is defined as the act or process of developing new ideas, devices and methods. But we must never forget that the best ideas are built upon the solid science and lessons from the past and present.

Professor Ed Richards JD MPH provided one such lesson in 2000 when he gave a still relevant lecture "Rethinking Public Health". This lecture ends with the question "How do we restore the police power to public health?" and reminds us of the need, right, responsibility and role for societal self-defense to protect its citizens. (The lecture be found at: <http://biotech.law.lsu.edu/cphl/slides/aaphp2000.htm> and <http://www.aaphp.org/basics>)

Another valuable lesson can be found right after this report. Jonathan Weisbuch reintroduces us to the term "Community Medicine".

This is my last Bulletin as President. AAPHP's greatest asset has always been its members. In this Bulletin, you will also read about the excellent work of our 2014 Presidential Award winners. These

winners represent just a fraction of the excellent work being done by our members.

Our members and our incoming President Ryung Suh give me great hope. With this structure we are ready to move forward to the future. I have been honored to serve as your President.

Virginia Dato MD MPH FACPM
President
American Association of Public
Health Physicians 2012-2014

Community Medicine and Population Medicine

Below are excerpts from an email Jonathan Weisbuch MD MPH sent in response to a question raised by an AMA HoD delegate running for the Council on Science and Public Health who asked the question, "What is the definition of Population Medicine." Dr. Weisbuch's response was to encourage him to use the term "Community Medicine" since Population Medicine is not as inclusive as the term "Community Medicine" created 60 years ago by Kurt Deuschle and Hugh Fulmer at the University of Kentucky The full text and an opportunity for further discussion are available at our Members Only section at: <http://www.aaphp.org/communitymedicine>.

We have been wrestling with this issue for over 50 years. In the early 1960s, and into the 1970s, the term "Community Medicine" was used to define what ... has been ... called population medicine, an integrated system of services in communities designed to find the risk factors and specific determinants of health, disability, disease and death in populations of any size.

As a Polaris submarine Medical Officer in the Navy, my community was 125 men whose health determined our ability to carry out our mission of preventing global nuclear warfare. Risk factors were radiation,

air pollution, infections, trauma, stress and emotional health.

Other communities have other risk factors; but all benefit from a regional focus on disease prevention, health promotion, research on cause, and improvements in treatment. The community is a patient with multiple risk factors. Community physicians must focus on those factors and find the optimal means to prevent disease and care for those who become ill.

Community Medicine (CM), was defined by Kurt Deuschle, Hugh Fulmer, et al in mid-20th century. Viewing the community as the patient, effected by the physical environment, the socio-cultural-economic environment, and the biological environment, all of which interact to promote health and disease, they sought ways to change these environments and the health system to prevent illness, respond to acute emergencies, and assure individuals that primary, secondary, tertiary, and long term care of good quality was available for those needing continuing support including the home bound and others requiring continuing social support.

... "Population Medicine" ...is not as encompassing as what I am calling "Community Medicine." ...[Both are] describing the professional services created to promote health and provide integrated treatment to population groups and communities, large or small; but the term "Community Medicine" widens the lens to include the diversity we see in the several environments and their synergy.

Community Medicine looks beyond the cost-effective means to implement and improve integrated systems of care; the CM professional tries to improve that system while reducing environmental risks that lower the incidence of disease, disability and

death, and improve the quality of life for all members of the community.

Community health is more than the sum of the health of individuals.

...Use the term "Community Medicine" to emphasize not only the medical aspects of community, but the essential non-medical facets, education, economics, culture, climate, pollution, the non-human fauna and flora, all of which often have a larger impact on health and illness than simply the elements of health care system.

Community Medicine does not ignore the health care system; it participates actively in improving that system to promote higher quality of care, better outcomes from treatment, lower costs, a reduction in morbidity and mortality, and the excessive use of medical interventions. "Population Medicine" and "Community Medicine" are not synonymous; the former... focuses on the cost-benefit of various forms of medical and public health interventions, whereas the latter has a more expansive focus on the myriad factors that impact the health of the community, which indirectly impact the clinical delivery system.

Most physicians ... focus on individual patients in their specialty. They often do not see that what they do to improve the health of individuals impacts the entire community, how lowering the risk factors for one patient and his/her family, lowers the aggregate set of problems for the population.

2014 Presidential Awards

The Centers for Disease Control recently held a Public Health Grand Rounds on the topic of Science Impact (<http://www.cdc.gov/about/grand-rounds/archives/2014/January2014.htm>).

Three Presidential Awardees-- Dr. Erica Frank, Dr. Doug Mack and Dr. Laura Kahn --are key members of organizations that meet criteria presented. Those criteria are:

1. Disseminating Science, 2. Creating Awareness, 3. Catalyzing Action, 4. Effecting Change, and 5. Shaping the Future.

Dr. Erica Frank is our liaison to and President and Executive Director of NextGenU.org, the world's first portal to free, accredited, higher education, including university- and graduate-level courses, which she founded in 2001.

Dr. Laura Kahn is our liaison to and a member of the One Health Initiative Autonomous pro bono Team of the One Health Initiative (<http://onehealthinitiative.com>). More information on this effort including a presentation at last year's annual meeting is available at <http://www.aaphp.org/onehealth>.

Dr. Doug Mack is our liaison to, and a Board Member of, the National Commission on Correctional Health Care (NCCHC). NCCHC was formed to address the problem of inadequate, disorganized correctional health care. NCCHC standards are rigorous and achievable, and have advanced public health -- see <http://www.ncchc.org/about>. Dr. Mack has also been invaluable in provided guidance and advice throughout my 2 years as President.

AAPHP's mission is:

- 1) Promote the Public's Health
- 2) Represent Public Health Physicians
- 3) Educate the nation on the role and importance of the Public Health Physician's knowledge and skills in practicing population medicine
- 4) Foster Communication, Education and Scholarship in Public Health

During the past two years many members have made it possible for AAPHP to fulfil its mission. I would like to take this opportunity to recognize eight of those members who have been particularly diligent and have not been previously recognized with an award during my tenure.

Drs Ahluwalia, Alkon, Barth, Cundiff, Sherin and Weisbuch are being honored for their ongoing work on the Executive Committee. (Dr.Suh is not getting an award but he is getting the Gavel!)

Dr. Alkon has served the two allowed terms as Vice President with honor and competence. I have especially appreciated her quiet suggestions and reminders as well as the excellent certificates she frequently printed.

Dr. Cundiff, our treasurer, has performed diligently as we transitioned to an all-volunteer organization and has provided valuable assistance over the years. I have a talent for typos and Dr. Cundiff has a talent for finding them. Any errors you find are my own but Dr. Cundiff is kind to remind me "Don't let the perfect become the enemy of the good" when my best efforts are not perfect.

Dr. Sherin is chair of our Resolutions, Policy and Legislative Committee as well as our AMA Delegate and has fully supported our use of electronic meetings and voting. With his leadership we now have a system for true timely input into policy decisions. AAPHP Policy decisions no longer rely upon a few people.

Dr. Weisbuch is being honored for his work as AMA Alternate Delegate and his cease-less work and wisdom. His Community Medicine essay and his AMA meeting report, both in this issue of the Bulletin are another excellent example of his work.

Dr. Rhodes is being honored for her work as Outreach Director and Young Physician Delegate. Dr. Rhodes has also always been ready to help.

Dr. Biek's is AAPHP's only outgoing Board Member in 2014. Dr. Biek was drafted for the Board at our 2012 annual meeting when we had a last minute opening. Since then he has quietly attended meetings and provided AAPHP with a member wisdom web page:

<http://aaphp.org/PositiveHealth>. On a personal note, I used the advice with my father-in-law who had an incurable condition and it helped us to focus on the good including his beloved book collection. By the time of his death he had approved of our plan for insuring that his books continue to do good in the world. I am grateful to Dr. Biek for sharing his wisdom.

My apologies for all the wonderful members that I have missed.

November Annual General Membership Meeting Minutes

Submitted by Secretary Jaspal Ahluwalia, MD, MPH.

This meeting convened at 2:15 PM. November 3, 2013 in Boston, MA, with a welcome and call to order by AAPHP president Dr. Virginia Dato.

In attendance in-person or on the phone were the following: Virginia Dato, Ryung Suh, Katrina Rhodes, Doug Mack, Ellen Alkon, Kevin Sherin, Bruce Kaplan, Dave Cundiff, JP Ahluwalia, Halley Faust, Sandra Magyar, Wendy Opsahl, Megan Weibye, Sisay Akalu, Curtis E. Cummings, Perrienne Lurie, Mary Mitchell, Christine Navarro, Karten Lunze, Jeffery Gunzenhauser, Takeisha Davis, Lawrence Davis. A quorum was present.

Jan Wihoit and Sarah Newman from NACCHO presented a talk entitled "Trends in Local Health Department Programming and Funding: Results from NACCHO's National Profile of Local Health Departments and Job Losses and Program Cuts Survey". The talk is available at <http://www.aaphp.org/Resources/Audio/Local%20health%20capacity.mp3>

This was followed by a very engaging discussion on local actions that can be taken at the public health department level.

The minutes of the spring 2013 meeting in Phoenix were approved unanimously.

Dr. Dato gave a combined President's report and Treasurer's report. AAPHP has a current balance of \$10,615. There was a unanimous vote to keep the dues at current levels through 2014. No bylaw changes were proposed.

Awards for meritorious service were presented.

Wendy Opsahl, PhD and Megan Weibye received 2013 American Association of Public Health Physicians (AAPHP) Presidential reports because of their excellent work assisting AAPHP with branding.

Sandra Magyar, MS, MEd, was honored for her excellent work with the AAPHP. AAPHP has benefited greatly from Sandy's leadership, service and dedication to public health. Her help kept AAPHP viable during difficult time and greatly assisted our website development. We are indebted to Sandy for maintaining AAPHP's permanent home.

Ms. Magyar was unable to attend but the following statement was read:

I am humbled to accept this

recognition award from President Ginny Dato. I have come to know so many of you the past few years since Kevin Sherin recruited me to work with him on membership. We both had big ideas and I thought I could make a difference, but the job was a little more challenging than I anticipated. I am happy that the core membership has remained and I hope the future will bring AAPHP back to several hundred members throughout the country. The things that have been done the past two years by your current President, Ginny, should help with that growth. I marvel at her energy, knowledge and commitment to AAPHP. Also your current Board & Trustees is a dynamic group that is invested in seeing AAPHP continues to represent Public Health Physicians throughout the country.

It has been, and continues to be my pleasure to know some of you personally – in person and also through emails and phone calls. Each of you are a blessing to this organization and have also been to me. Ginny knows I am here to help you in any way I can – now or in the future. Again, thank you for the recognition. Wishing you good health,

Dr. Bruce Kaplan, DVM, was selected as a 2013 AAPHP Presidential Award recipient because of his work with the One Health Initiative. Behind the scenes Dr. Kaplan works tirelessly as the "primary contents manager" of the excellent OHI website. He does not look for personal credit but only consider what is best for the world and all of the species in it.

Dr. Kaplan had the following comments:

Dr. Kaplan expressed his appreciation for Dr. Dato's (Ginny's) and the AAPHP's strong—very important—advocacy (for the One Health interdisciplinary, collaborative

approach including veterinary medicine and their recognition of the One Health Initiative team's signature role in the One Health movement to date. Dr. Kaplan accepted the award on behalf of himself and Dr. Laura Kahn, Dr. Tom Monath, Dr. Jack Woodall and Dr. Lisa Conti.

Dr. Kaplan described the establishment of the organization when Dr. Kaplan contacted Dr. Kahn in April 2006. Laura contacted Dr. Tom Monath, a renowned physician/medical virologist and vaccinologist, in March of 2007 and Tom joined with us at that time, officially constituting the beginning of the OHI team. The other team members, Dr. Jack Woodall, a notable PhD health research scientist, and Dr. Lisa Conti, a prominent public health/author veterinarian, joined with us in February 2009 and January 2012 respectively.

Dr. Kaplan stated their philosophy is to be ecumenical and all inclusive. One Health welcomes and embraces all health oriented professional disciplines, interested laypersons and reputable One Health individuals, 'silos', organizations, groups etc. etc. in the U.S. and worldwide.

Dr. Sherin also personally thanked Sandy for her work while he was President and recognized Dr. Kaplan for his work. He suggested that we all spread the word to other organizations. Dr. Kaplan recognized Dr. Sherin's contribution.

Dr. Alkon presented the membership report, indicating that AAPHP currently has 127 members. There was a discussion on how to improve membership numbers within the organization. Dr. Halley Faust, the current president of ACPM, spoke about strategies to improve membership numbers, including a greater collaboration between all public health organizations such as AAPHP, ACPM, ACOEM, AsMA,

APTR, etc. He also spoke about the importance of getting more Congressional funding for preventive medicine residency programs to increase the pipeline of new physicians in public health. There was discussion that public health physicians are being replaced by PhD's and DrPH's in research and by primary care physicians on the clinical side. There may be job opportunities for public health physicians in accountable care organizations.

Dr. Dato announced that Katrina Rhodes is now the AAPHP Outreach Director. Dr. Dato expressed her appreciation for Dr. Rhodes taking on this position.

Dr. Sherin presented the two AMA resolutions that AAPHP is currently supporting. The first is resolution 206 to extend FDA jurisdiction to non-pharmacologic tobacco products such as e-cigarettes. The second is resolution 207 to allow foreign countries to tariff tobacco and restrict its advertising by not allowing tobacco to be exempted from the Trans-Pacific Partnership.

There was a unanimous vote to approve these resolutions.

Doug Mack presented an overview of NCCHC, which AAPHP has been a member of since its founding over 30 years ago. He noted that correctional health is not represented as much in public health circles as it should be, and that NCCHC has two conferences/year which offer CME and encouraged AAPHP members to attend. He will provide a written report of NCCHC activities.

The meeting adjourned at 4:30 pm.

HOD Report November 2013

AMA Delegate's Report
AMA Interim Meeting 2013,

National Harbor Resort, Fort Washington, Maryland

Meeting Dates: November 16-19, 2013

On the evening of November 15, having just completed a 6 hour drive to Washington, DC, expecting to take up my responsibilities as Alternate AAPHP Delegate, I received a phone call from Dave Cundiff informing me that Kevin Sherin, our Delegate, was ill and could not make the meeting; elevating me to AAPHP Delegate, once again. Fortunately, my wife, Mary Ellen Bradshaw, MD, a former AAPHP Alternate Delegate, was with me and willing to assume the Alternate Delegate's responsibilities. I informed our President, Virginia Dato, MD, MPH, of our willingness to assume these positions. She made the appropriate calls to AMA so that when we appeared at the AMA Registration desk on Saturday morning, November 16, 2013, our badges were ready and we were fully registered for the meeting. The Gaylord Center at the National Harbor Resort in Fort Washington, Maryland, just a few miles south of the Nation's Capital is a wonderful environment for the AMA House of Delegate's Interim Meeting. The Hotel is luxurious, and the Convention Center has all the appropriate rooms, meeting spaces, and resources a major conference requires.

Saturday, November 16, 2013:

Our first meeting, at 10 AM was with the Section Council on Preventive Medicine. The Chair, Robert Orford, MD, MPH, Delegate from Aerospace, moved efficiently through the agenda, introducing the several Resolutions, Board and Council Reports that would impact Preventive Medicine, Public Health, Aerospace, Occupational and Environmental Health. These included:

Reference Committee B:

Res 206: AAPHA Resolution on FDA jurisdiction over non-tobacco products

BoT Rep 1: Pharmacists admin of immunizations

Res 203: Prevention of selling tobacco products in health related venues

Res 212: AMA efforts to reform the SGR legislation

Reference Committee K:

Res 903: Gun Safety counseling to medical students

Res 905: Athlete Concussion Management and CTE prevention

Res 906: Increasing healthcare access to the uninsured

Res 907: Modern Chemical Controls Policy

Res 908: Pollution from Hydraulic Fracturing for oil and gas

Res 911: Promoting Health Awareness and Preventive Screening ... [for].. Disabled

Res 916: Stricter OSHA Silica Exposure Limits

Res 918: HIV Screening, continuum of care and maintenance of funding

Informational Reports:

BoT Report 9; Redefining AMA's position on ACA and Healthcare Reform

Resolutions not for consideration:

207: Tobacco and International Trade (AAPHP)

208: Physician Practice and "Interventional Pain Medicine"

909: Public Health, "Heading in Soccer" to prevent CTE

910: AMA policy on taxes on artificial

sweeteners

The Section Council took a positive position on Res 206, 203, 903, 905, 908, 916, and 918.

Members of the SCPM supported these items in Reference Committees.

The AAPHP Delegates attended both Reference Committees B and K, testifying on several items. We supported Res 203 and 206. We opposed Resolution 204 ("Improving the ACA"), which, if passed would encourage the AMA to oppose the current Affordable Care Act.

The Report of Reference Committee B recommended support for Res 206, encouraging the FDA to deal with tobacco and all nicotine products; a position supported by the House of Delegates. Ref Com B recommended that Res 203 be on the Reaffirmation Calendar, and was not challenged. Resolution 204, "Improving the Affordable Care Act," was amended and referred to the Board for a Report back in June 2014.

In Ref Com K, the Science and Public Health Committee. we spoke for gun safety education and for the prevention of head trauma associated with athletics. Mary Ellen emphasized the importance of expanding medical supervision by certified athletic trainers for secondary school football programs, both during games and at practice. The responsibility of trainers is to protect athletes, assuring they do not return to contact too soon. The Reference Committee K Report recommended adoption of expanding supervision below the college level (addressed in Res 905) to all age groups engaged in football and other contact sports, a recommendation approved by the House as new AMA Policy.

AAPHP Delegates also attended the Specialty Society Section (SSS) along with other Delegates and Alternates from

the many specialty societies in the AMA House. SSS reviewed several Reports and Resolutions, and we nominated several Delegates for positions on AMA Section Councils. Elections will be held at the Annual Meeting in June, 2014.

From the perspective of AAPHP, the AMA Interim Meeting was quite successful. Our tobacco resolution, Res 206 was approved and expanded to include all nicotine products. Several other items of public health interest were also supported. While many concerns about the Affordable Care Act were raised at the meeting, the AMA took no action to change the law or have it repealed; the House did request further study and a Report in June. Probably the most significant issue addressed at the Meeting was the continuing promotion by the leadership of the AMA to "... protect the public's health." This statement of policy appears in the current vision for future development of the AMA. Since the AAPHP is the only specialty organization representing active public health practitioners, who serve the community as the patient; and who are engaged in the promotion of public health and the prevention of disease, it is inconceivable that the organization would eliminate AAPHP as an active HoD member. However, to maintain our credibility, we must expand our membership among active PH physicians and students interested in the field. We must also encourage our members to participate in medical societies at the local, state and national level. Public Health physicians who do not participate with medical societies deprive their community of our power to educate our clinical colleagues of the importance of population and community medicine which improves the health of individuals and the health status of the community at large.

Respectfully Submitted,

Jonathan B. Weisbuch, MD, MPH, Acting Delegate, and

Mary Ellen Bradshaw, MD, Acting Alternate Delegate

AAPHP Leadership

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Pittsburgh, PA
vmdato@aaphp.org

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Washington, DC

Secretary. 2013-2016

Jaspal Ahluwalia, MD, MPH
Ellicott City, MD

AMA Delegate 2012-2014

Kevin M. Sherin, M.D., MPH, MBA
Orlando, FL

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Douglas Mack, M.D., MPH
Kansas City, CO

NextGenU Liaison

Erica Frank MD MPH
Vancouver, BC,

One Health Initiative Liaison <http://www.onehealthinitiative.com>

Laura H. Kahn, MD, MPH, MPP
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