Response targeting workers, residents, food and air quality
U.S. Gulf oil spill poses public health threat

Described as the worst environmental disaster in U.S. history, the massive oil spill in the Gulf of Mexico poses serious risks to human health too — risks that could persist far into the future and about which little is known.

Since the spill began in April, public health workers have been ramping up surveillance and monitoring systems in the five states so far affected, educating residents and clean-up workers, and developing a voluntary roster of thousands of response workers to track their health and eventually add to the little data that is available on human health and oil spills. Health threats arising from the spill include air, water and seafood contamination as well as occupational hazards facing response workers who come in contact with fresh oil and the chemical dispersants used to break up the spill. As of late June, more than 160 oil spill-related health complaints had been reported to the Louisiana Department of Health and Hospitals, the majority coming from response workers and involving respiratory, eye and skin irritation. Hundreds of workers have been responding to the spill, which followed an explosion on an offshore drilling rig leased by the oil company BP.

To aid in the response effort, an Interagency Oil Spill Health Monitoring and Research Workgroup was established with representatives from agencies such as the National Institute for Occupational Safety and Health, National Institute of Environmental Health Sciences, Substance Abuse and Mental Health Services Administration and Agency for Toxic Substances and Disease Registry. The workgroup is tasked not only with aiding immediate response efforts, but with driving additional research efforts related to oil spills and human health. In June testimony before members of the Senate Committee on Health, Education, Labor and Pensions, Aubrey Verdier, rope and Pensions, Aubrey testified not to underestimate the influence of tobacco marketing, especially in regard to young people. They also warn that tobacco companies seem to be portraying the novel products as a “healthier” alternative to cigarettes or as a quitting aid.

What we have seen is that whenever concerns about tobacco and health increase, the tobacco

Survey: Products mistaken for candy
New types of smokeless tobacco present growing risks for youth

The decline in the U.S. smoking rate is arguably one of the biggest achievements in the nation’s public health history. But as public health makes inroads, the tobacco industry is pushing back, offering new ways to deliver nicotine and hook lifelong customers.

As nonsmoking ordinances sweep across the country, tobacco manufacturers are marketing new smokeless and spitless tobacco products, often selling them as complementary products to cigarettes — pushing the message that such “novel” tobacco products can deliver a nicotine fix whether smoking is allowed or not.

Going by brand names such as Orbs, Snus and Taboka, the products are smokeless and spitless, often dissolving in a user’s mouth. For example, Marlboro Snus comes in a teabag-like pouch that a user puts between the cheek and gum and then discards after about 30 minutes. Camel Orbs look similar to small pieces of candy — almost like a Tic Tac — come in flavors such as “fresh” and “mellow,” and dissolve in a user’s mouth. Camel Sticks and Camel Strips also dissolve in a user’s mouth. A recent Camel Snus ad reads “Boldly Go Everywhere” and “Break Free.”

While such products have yet to catch on in a significant way in the United States, public health advocates warn not to underestimate the influence of tobacco marketing, especially in regard to young people. They also warn that tobacco companies seem to be portraying the novel products as a “healthier” alternative to cigarettes or as a quitting aid.

What we have seen is that whenever concerns about tobacco and health increase, the tobacco
APHA ADVOCATES

Recent actions on public health by APHA

APHA: Progress on climate bill critical

The United States must continue moving forward to confront climate change and to prepare for its health effects, APHA said in a June letter to President Barack Obama. While the Obama administration has made significant progress on the climate change front, the White House should fully engage itself in pushing through comprehensive energy and climate legislation this year, according to the letter, which was initiated by the Union of Concerned Scientists. The House of Representatives passed climate change legislation last year, however, as of late June, similar legislation was still pending in the Senate.

“You and your administration have made a strong business economic case for taking action — that building a clean energy economy will create and sustain American jobs,” the letter stated. “It is an important argument, Mr. President, but standing alone it is not sufficient. We call on you to use the bully pulpit of your office to explain to the American people that strong science points unambiguously to the threat posed by global warming.”

The letter, which was signed by APHA Executive Director Georges Benjamin, MD, FACP, FACEP (E), and fellow public health and environmental advocates, noted that public awareness of climate change’s scientific foundation is essential to move forward on issues such as preparedness and reducing harmful emissions. Benjamin and fellow signers called on Obama to speak “forcefully” about the issue and “help the American public understand what climate science is telling us about the prospect of catastrophic climate change.”

APHA calls for action on tobacco smuggling

Congress should act now to prevent tobacco product smuggling and tobacco tax evasion, APHA said in a May letter to members of the U.S. House of Representatives and Senate.

The letter calls on policy-makers to pass the Smuggled Tobacco Prevention Act of 2010, known as H.R. 5178 in the House and S. 3288 in the Senate. Among its many measures, the legislation would increase penalties for smuggling tobacco products, strengthen the government’s ability to track and trace tobacco products, improve registration and record-keeping requirements, and prohibit the delivery of tobacco products unless federal tobacco taxes have been paid. Worldwide, about one-quarter of all legally exported cigarettes end up smuggled across international borders, according to the letter, which was initiated by the Campaign for Tobacco-Free Kids.

“(This) bill offers Congress an opportunity to promote public health, protect federal and state tax revenues and fight crime by reducing smuggling of tobacco products and related tobacco tax evasion,” the letter stated.

APHA takes action on obesity and kids

Addressing healthy behaviors in child care settings could be a critical part of the battle against childhood obesity, APHA said in May.

In a letter to Sen. Mark Udall, D-Colo., APHA and dozens of child health advocates thanked the policy-maker for introducing the Healthy Kids From Day One Act, also known as S. 3298. If enacted, the legislation would create a pilot program in child care settings to reduce the prevalence of overweight and obesity among children from birth through age 5. The bill would also provide child care staff with appropriate training and support strategies for parental involvement. The letter, which was initiated by the Trust for America’s Health, noted that more than 23 million U.S. children are overweight or obese.

“Mitigating our nation’s obesity epidemic will require comprehensive strategies aimed at improving nutrition and physical activity and will necessitate partnerships among all sectors of society,” the letter stated.

For more information on APHA advocacy activities or to take action on behalf of public health, visit www.apha.org/advocacy/activities.
Living life with hope: Strategies for reducing teen birth rates

The birth control pill turned 50 this year. I remember when I accidentally found my mother’s birth control pills in the ’60s. She told me they were for a female problem, and the significance of that confession just sailed right over my youthful head. Her explanation to her Catholic daughter — in the age of the church’s “Humanae Vitae,” which condemned artificial birth control — sufficed for then. I still marvel at the importance of this scientific breakthrough that empowered women to decide whether and when to bring a child into this world, privately and with greater safety.

In this country, in spite of relatively easy access to oral contraceptives, patches, intrauterine contraception and condoms, unplanned pregnancies still occur with great regularity. Of greatest concern to me is the abysmally high U.S. teen birth rate.

A recent report issued by the Guttmacher Institute highlighted the downward trend in teen births in my home state of California, attributing a 52 percent decrease in 12 years to progressive bipartisan social policy that includes comprehensive sexuality education, availability of contraceptives and involvement of the private sector — which is very good news indeed. But the fact remains that many other countries, which highly value education and job stability before parenting, have achieved remarkably lower rates. Italy, France, Germany, the United Kingdom, Greece and Spain — to name a few — all have lower teen birth rates than California.

In 2001, I traveled with Advocates for Youth to visit the Netherlands, Germany and France to observe first-hand national strategies that drive the lower rates and to ask policy-makers, teachers, parents and youth what works and why. There is no question that when nations decide that a greater social good is achieved when parents are sufficiently mature and economically ready to raise a family, and thoughtfully put into place policies and practices that support this goal, the result is that youth will discuss their issues with parents, teachers and other responsible adults, will decide to wait to initiate sexual activity, and use contraception reliably, leading to lower teen birth rates.

The tactics that are being used are no mystery: They include comprehensive sexuality education that is integrated into many areas of curricula, as well as youth-designed, evidence-based messages that are aired on TV, in movie theaters and on billboards. Also key is nonjudgmental availability of contraceptives and the society-wide encouragement of discussion between youth and adults, which form integrated strategies.

Even in California, the teen birth rate is still too high. Clearly, it is not about services alone. Education alone is not enough. Youth need hope. They need to know they are valuable in and of themselves, that they are looking at a future with possibilities where they know they are important.

The lesson for me is that we still have a long way to go in America. Just think: If young people felt valued, believed there was worth in preserving their health and that staying in school would make a difference in their lives, we might find the rush to parenthood would slow down.
Typhoid, malaria cases tied to travel

The majority of hepatitis A and typhoid cases in New York City — as well as every case of malaria in the city — are related to travel outside the United States, according to a study published in the July issue of APHA’s American Journal of Public Health.

Based on data collected by the New York City Department of Health and Mental Hygiene, researchers found that 61 percent of hepatitis A cases, 78 percent of typhoid cases and 100 percent of malaria cases were travel-related. Luckily, the cases were clustered around specific populations and neighborhoods, meaning public health interventions could be effectively targeted, the study noted.

“It has been shown that travelers, particularly travelers visiting friends and relatives, receive poor medical preparation for international travel for myriad reasons,” the study stated. “For instance, primary health care workers do not always provide appropriate education, medications or vaccines to travelers. In addition, travelers visiting friends and relatives are less likely than are tourist travelers to seek pretravel health advice.”

Study authors noted that the travelers included in the study had low vaccination and prophylaxis rates, suggesting that “such measures are not being disseminated or advice is not being followed.” (Page 1,249)

Dentists can help some smokers quit

Dental health professionals could be key in helping more low-income patients kick the smoking habit, a July AJPH study found.

In the study of almost 2,600 patients in public dental clinics in Mississippi, New York and Oregon, researchers found that those who received intervention services had significantly higher tobacco abstinence rates at a seven-month follow-up than patients who received no cessation services or advice. The study’s intervention involved asking patients about their tobacco use during every dental visit, advising patients to quit, assessing their readiness to quit, assigning those interested in quitting and arranging follow-up services for patients setting a quit date.

According to the study, the intervention was particularly effective among black patients, and not nearly as effective among Hispanics.

“The results of this study confirm that public health dental practitioners are committed to providing broad services to their patients, who may suffer from more severe oral and general health problems, partially because of tobacco use,” researchers wrote. (Page 1,307)

Appalachia residents exposed to smoking

The majority of residents in Appalachian communities are not protected from secondhand smoke, according to a July AJPH study.

Of the more than 300 Appalachian communities involved in the study, fewer than 20 percent had enacted ordinances against smoking in workplaces, restaurants and bars. Among the six states in the study, West Virginia had the greatest proportion of communities with comprehensive clean indoor air ordinances, the study found. Also, each 1 percent increase in high school completion rate was associated with a 5 percent to 6 percent increase in the odds of a smoke-free restaurant or workplace ordinance.

“Whereas other researchers have found that Appalachian residents support clean indoor air ordinances, we argue that there may not be enough enthusiasm in the community to organize a grassroots effort to create change, which is an important component of the process for passing a clean indoor air ordinance in a tobacco-growing state,” the study stated. (Page 1,313)

APHA textbook partnership targets undergraduates

THE MOVEMENT to bring public health education to undergraduate students took a giant leap forward this year with the launch of a new publishing partnership.

In April, Jones & Bartlett Learning joined with APHA. The two will co-publish the Essential Public Health series, which was created to equip public health instructors with basic introductory textbooks for basic classes in topics such as public health, epidemiology and global health.

“We are pleased to team up with a leading publisher in the field to distribute classroom-tested evidence-based resources that will enhance learning, strengthen the public health work force and improve health outcomes,” said Georges C. Benjamin, MD, FACP, FACEP (E), executive director of APHA. “This new collaboration will raise the bar for public health education and equip tomorrow’s leaders with the tools they need to succeed.”

The series is rooted in a 2003 Institute of Medicine recommendation that all undergraduate students should have access to education in public health, said series editor Richard Riegelman, MD, MPH. They all include web-based or classroom-tested materials. Viewers are encouraged to educate themselves, join the effort and to spread the word. Building on the success of “Healthiest Nation in One Generation,” APHA released a second National Public Health Week video, “A Healthier America,” in 2010 that highlights the ways Americans can make health improvements in their communities.

To watch or share the National Public Health Week videos, visit www.nphw.org. Health professionals who want to share the videos in their workplace, at meetings or community events may request a free CD.

For more information on the videos, call 202-777-2425 or e-mail cynthia.renderos@apha.org.

APHA ‘Healthiest Nation’ video named one of the world’s best

A N APHA video created in conjunction with National Public Health Week has taken home top honors in an international competition.

The “Healthiest Nation in One Generation” video, released in 2009, won two awards in the 16th Annual Communicator Awards competition. Sponsored by the International Academy of the Visual Arts, the awards recognize the world’s best advertising, communications and public relations work. The video won an Award of Excellence in the social responsibility category, and an Award of Distinction in the education category.

Developed with Edelman, a public relations firm, the animated “Healthiest Nation in One Generation” video tells the story of a child who lives a healthy life because of the influence of public health and its wide-reaching services and messages. Viewers are encouraged to educate themselves, join the effort and to spread the word.

Building on the success of “Healthiest Nation in One Generation,” APHA released a second National Public Health video, “A Healthier America,” in 2010 that highlights the ways Americans can make health improvements in their communities.

Editor’s note: This article was corrected post-publication.
APHA Press offers homes for authors, resources for public health workers

For more than 100 years, APHA has been renowned as a national leader on public health advocacy, policy and research. And for just as long, the Association has also held another, lesser-known title: Leading publishing house for public health authors.

Through its in-house APHA Press, the Association has published hundreds of books over the past century, including those that have set the bar in the public health field. APHA’s “Control of Communicable Diseases Manual,” now available online and for mobile devices, is the go-to resource for health workers who work with infectious diseases, while the Association’s reference works, such as the best-selling “Standard Methods for the Examination of Water and Wastewater,” are used daily by laboratory workers.

In recent years, APHA Press has also become a home for individual authors who want to be published and have an impact in the public health field, addressing topics such as public health disasters, influenza, Hurricane Katrina and polio. Authors who publish through APHA Press are guided through the process by APHA’s Publications Board, which provides personalized attention and feedback that cannot be found through larger, less-specialized publishing houses, according to APHA member Norman Giesbrecht, PhD, who serves as the board chair.

“The APHA Press gives good value for the effort,” Giesbrecht told The Nation’s Health. “The board members are very, very active and provide a wide range of expertise.”

APHA Press is the ideal home for public health authors because it has the Association’s experience behind it, according to Nina Tristani, APHA’s director of publications. Among its strengths, APHA Press provides direct access to public health workers, reaching a more specialized audience than commercial publications.

“We’re happy to work with authors on outreach and to develop a focused marketing plan, which is something that can’t be found everywhere,” she said.

Another reason for authors to choose APHA Press is the Association’s public health mission, according to George Gellert, MD, MPH, MA, who published his new book, “Confronting Violence: Answering Questions About the Epidemic Destroying America’s Homes and Communities,” through APHA Press this spring. Gellert said he chose APHA Press in part because of the overlap between his book’s objectives and APHA’s. He praised the APHA Press team for their work, noting that “they are very professional, very responsive.”

APHA Press accepts book proposals year-round on public health topics. Among those that are of particular interest are books that address social epidemiology, obesity and nutrition, and climate change, but all topics are welcome, Tristani noted. The Publications Board encourages and accepts book proposals from APHA members — including APHA Sections and Affiliates — as well as non-members and the public.

Authors who want to find out how to have their book published by APHA Press or receive insights on the publishing process are invited to attend a session on the topic at APHA’s Annual Meeting in Denver in November. Members of APHA’s Publications Board will be on hand at session 3010 on Monday, Nov. 8, at 8:30 a.m. to answer questions and provide advice.

For more on how to have your book published by APHA Press, visit www.apha.org/publications/pubs/contact/pubguidelines.htm, call 202-777-2463 or e-mail nina.tristani@apha.org. To purchase books published by APHA Press, visit www.aphabookstore.org.

— Michele Late

Free materials on disaster preparedness
Get Ready materials now in Spanish, H1N1 flu facts in Asian languages

From earthquakes and power outages to H1N1 flu and handwashing, APHA’s Get Ready campaign offers a wealth of free fact sheets to help people become more prepared. And now, the ever-growing list of Get Ready materials includes 20 resources in Spanish.

This spring, the Get Ready campaign debuted seven new Spanish-language translations of its preparedness materials on its website, including fact sheets on water stockpiling, pet preparedness, and cold and flu supplies. Also new are professionally translated versions of the Get Set activity kit, which encourages high school students to become involved in preparedness, and the Get Ready Guide, which focuses on flu.

The new materials join a wealth of other resources that have long been available in Spanish through the campaign, including fact sheets on floods, winter storms, H1N1 flu, heat waves and emergency stockpiling.

Whether you are looking for materials for use at community, school or other events or to share with family and friends, the free Get Ready campaign resources are worth a look — and a download,” said Susan Polan, PhD, APHA’s associate executive director, who oversees the Get Ready campaign.

Offering Get Ready materials in languages other than English helps spread the Get Ready preparedness message, according to campaign organizers, particularly with the growing number of Spanish-speaking U.S. citizens. APHA estimates that about one in five U.S. residents — about 47 million people — spoke a language other than English at home, according to the U.S. Census Bureau.

Among those were about 28 million Spanish speakers, only about half of whom reported speaking English “very well.” The Spanish-language materials are not the only Get Ready offerings that have been translated. Earlier this year, the Asian & Pacific Islander American Health Forum translated the Get Ready campaign’s popular H1N1 flu preparedness fact sheet into 10 languages: Chinese, Chamorro, Chuukese, Japanese, Korean, Marshallese, Samoan, Thai, Tongan and Vietnamese.

Launched in 2006, APHA’s Get Ready campaign helps Americans prepare themselves, their families and their communities for all disasters and hazards, including pandemic flu, infectious diseases, natural disasters and other emergencies.

Highlights of the campaign include Get Ready: Set Your Clocks, Check Your Stocks, which encourages people to check their emergency stockpiles when they change their clocks for daylight saving time, and the Get Ready Scholarship.

Another feature of the campaign is Get Ready Day, held the third Tuesday of each September. The event is timed to coincide with National Preparedness Month. As part of this year’s observance, to be held Sept. 21, public health agencies encouraged to hold Get Ready Day events in their communities, on campus or at their local health department. A free planner’s guide with event ideas and tips is available now on the Get Ready website.

All of the Get Ready materials are free and can be downloaded from the campaign website at www.aphagetready.org. For more information, e-mail getready@apha.org or call 202-777-2742.
Improving health literacy the target of new national strategy

A national plan to improve health literacy calls for replacing the jargon-filled language and complex explanations often found in patient handouts, medical forms and patient websites with easier-to-understand information.

Released by the U.S. Department of Health and Human Services in late May, the plan’s recommendations include seven goals aimed at improving health literacy, which is defined as the capacity to obtain, process and understand basic health information and services needed to make appropriate health decisions. Only 12 percent of English-speaking adults in the United States have proficient health literacy skills, according to the U.S. Department of Education.

“Health literacy is needed to make health reform a reality,” said HHS Secretary Kathleen Sebelius. “Without health information that makes sense to them, people can’t access cost-effective, safe and high-quality health services.”

She said HHS alone cannot improve health literacy and needs providers and payers “to communicate clearly and make the necessary changes to improve their communication with consumers, patients and beneficiaries.”

The health literacy action plan’s goals emphasize the importance of creating health and safety information that is accurate, accessible and easily acted upon. For example, such information is often bogged down by confusing statistics, technical and medical terminology, and an over-reliance on written communication. Many health messages also fail to take cultural preferences and practices into account.

The plan’s goals include incorporating accurate, standards-based and developmentally appropriate health and science information and curricula in child care and education throughout the university level. Another goal is to increase the use of evidence-based health literacy practices.

The plan also called for partnerships to help improve the nation’s health literacy. An example of such a partnership is California’s Santa Clara Medical Center, Santa Clara County Library and Plane Tree Health Library, which have worked together since 2001 to operate a center for health literacy on the medical center’s campus. The center offers health information in English, Spanish and Vietnamese, and the information is available in print, audio and video formats.

The National Action Plan to Improve Health Literacy is available at www.health.gov/communication/licationplan.

HHS announces new investments in public health, prevention

U.S. health officials are making $250 million in new investments in prevention and public health infrastructure, the U.S. Department of Health and Human Services announced in June.

Using funding earmarked under this year’s Patient Protection and Affordable Care Act, more commonly known as the health reform bill, HHS said it will be providing $126 million for community and clinical prevention, $70 million for public health infrastructure, $31 million for research and tracking, and $23 million for public health training.

The funding, which will be allotted in fiscal year 2010, will be used for issues such as tobacco cessation, obesity prevention, fitness and health disparities, as well as for laboratory improvements and work force programs. Additionally, it will fund work by two task forces that will address community and clinical preventive services.

In a June 18 news release, APHA Executive Director Georges Benjamin, MD, FACP, FACEP (E), called the new investment “a critical step” that will help transform the “current ‘sick care’ system to one focused on disease prevention, health promotion and wellness.”

The funding was a result of a Prevention and Public Health Fund that was created as part of the health reform law. The law also authorized a National Prevention, Health Promotion and Public Health Council that is chaired by the surgeon general. The council released its first report to Congress in June, outlining issues that will be addressed under the to-be-developed National Prevention and Health Promotion Strategy.

For more information, see www.healthcare.gov.
School-based health centers play important role, report finds

Each year, close to 2 million children in the United States rely on school-based health centers for preventive and comprehensive medical, mental and social services. Under health reform, the centers can play an even bigger role in providing access to primary and other care for children and teens, according to a national survey released in May.

The survey, conducted by the National Assembly on School-Based Health Care, illustrates how the centers — if funded adequately — can increase access to health services for children, particularly in rural and underserved populations.

"School-based health centers are a critical component of our public health care safety net," said Linda Juszczak, executive director of the National Assembly on School-Based Health Care. And school-based health centers are more needed than ever, Juszczak said, noting that many centers are increasingly expanding their reach into communities as they open their doors beyond their school's campus to include faculty and family members, out-of-school youth and others in the community.

Affirming their importance, school-based health centers became an authorized federal program in the sweeping health care reform bill signed into law by President Barack Obama in March. Despite the victory, school-based health centers across the country are increasingly struggling due to a growing demand for services at the same time they are facing state budget cuts, Juszczak said.

To meet the demand, the National Assembly on School-Based Health Care is asking Congress for a $50 million appropriation to keep the existing clinics open and to provide critical resources to communities looking to open health clinics at their schools.

"School-based health centers are an important strategy for reaching under-served kids where they are, and the centers provide an opportunity to address a whole range of prevention needs for young people, including meeting their acute care needs," said Terri Wright, MPH, director of APHA's Center for School, Health and Education.

Funded by the W.K. Kellogg Foundation, APHA's center serves as a catalyst for expanding school-based health centers to broaden their focus and include a public health agenda to improve the school environment. "School-based health centers are becoming open before school and 36 percent are open after school. Students in "School-based health centers are an important strategy for reaching under-served kids where they are, and the centers provide an opportunity to address a whole range of prevention needs for young people, including meeting their acute care needs," said Terri Wright, MPH, director of APHA's Center for School, Health and Education.

Funded by the W.K. Kellogg Foundation, APHA's center serves as a catalyst for expanding school-based health centers to broaden their focus and include a public health agenda to improve the school environment. "School-based health centers are beginning to open their doors to meet the health care needs of the broader community beyond students, and that makes a lot of sense because the centers are so grounded in communities," Wright said.

Most school-based health centers are situated in school buildings in urban communities. About 27 percent of centers are in rural areas. Students in schools with such centers tend to be under- or uninsured, lack access to care and belong to minority and ethnic groups.

According to the survey, most centers are open during normal school hours. Beyond the school day, 60 percent are open after school, 49 percent are open before school and 36 percent keep their doors open in the summer. The survey also revealed a wide range of staffing models, from a provider working on site two hours a week to up to seven staff members on site full time.

For more on the survey, visit www.nashbc.org. For more on APHA's center, e-mail Terri.wright@apha.org. 

Teddi Dinelye Johnson

CDC: HIV still major public health threat

The number of new cases of living with HIV in the United States is higher than ever before, but the annual number of new infections has remained relatively stable in recent years.

HIV surveillance data released by the Centers for Disease Control and Prevention June showed there were more than 1.1 million adults and adolescents living with HIV in the United States in 2006, a number attributed not only to new infections but to people living longer thanks to antiretroviral treatment.

The report found that HIV continues to disproportionately affect men who have sex with men, blacks and Hispanics. For example, blacks represent 12 percent of the nation's population but account for almost half of all new HIV infections.

"Within the overall epidemic, some groups and areas are more affected than others," said Jonathan H. Mermin, MD, MPH, director of the Division of HIV/AIDS Prevention at the National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention.

"Therefore, we must remain vigilant and focus our resources where they will make the biggest difference."


Air pollution an issue for American troops

The National Research Council has recommended strengthening the monitoring of U.S. troop exposure to air pollution in the Middle East.

The U.S. Department of Defense has an enhanced particulate matter exposure program that studies exposure of military personnel to airborne particulate matter — such as windblown dust and diesel emissions — that may cause chronic respiratory illnesses.

The new report said that program has documented that U.S. soldiers in the Middle East are exposed to high concentrations of particulate matter that can be linked to health problems such as persistent respiratory symptoms. Thus, the program needs expansion, according to the report, especially considering the continued U.S. military presence in the Middle East.

The report recommended future monitoring studies that might include real-time, continuous particulate matter monitoring equipment. And DOD should consider using additional medical data, such as the results of pulmonary function tests, when characterizing health outcomes linked to military personnel's exposure to air pollution, the report said.


U.S. homicide, suicide rates vary by group

Newly released statistics on U.S. violent deaths show the homicide rate is three times higher among males than females, and the rate of suicides is highest among American Indians and Alaska Natives as well as whites.

While people older than 80 have typically had the highest rates of suicide in the United States, the latest estimates released in May show that has shifted to the younger, 45- to 54-year-old age group. The findings were published in the May 13 issue of Morbidity and Mortality Weekly Report.

Overall, 30 percent of people who committed suicide had told someone about their intent to kill themselves and about 20 percent had made a previous suicide attempt.

The report also found that about two-thirds of all homicides and half of all suicides in the United States are committed with a firearm. Blacks accounted for the majority of homicide deaths and had the highest murder rate of any racial and ethnic group.

Americans uncer on evidence-based care

Evidence-based care is a major component of health reform, yet most Americans are unclear about what it is, according to a survey by the June issue of Health Affairs.

In the study, which was based on in-depth interviews and focus groups, participants generally did not understand that there are variations in quality of care, and many assumed health providers make all care decisions based on existing medical evidence. The study also found that health consumers often are reluctant to challenge their doctors about treatment options. Few consumers understood terms such as "medical evidence" or "quality guidelines."

Health facilities lack policy for gay patients

The vast majority of health care facilities do not have inclusive policies for lesbian, gay, bisexual and transgender patients, according to a recent analysis by the Human Rights Campaign.

The Health Facilities Index, released in June, said change is in the air. For example, Kaiser Permanente recently updated its patient bill of rights to fully protect lesbian, gay, bisexual and transgender patients from discrimination. The change came after President Barack Obama issued a memorandum in April directing the U.S. Department of Health and Human Services to make rules for provider facilities that receive federal funding to protect the health care decision-making rights of lesbian, gay, bisexual and transgender patients.

Also in the private sector, the Joint Commission announced new patient non-discrimination standards as part of its accreditation process for health care organizations. The full "Healthcare Equality Index 2010" is online at www.hrc.org.

— Donya Currie

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Health risks from oil spill expected to be long-term concern

At a June news conference, Gulf Coast residents show off jars of oil-contaminated water that were collected in Louisiana and Alabama waters following the April oil rig disaster.

GULF OIL SPILL, Continued from Page 1

Miller, MD, MPH, senior medical adviser at NIEHS, noted that “while experts agree that potential for human health hazard exists, since both crude oil and chemicals being used to fight the spill contain harmful substances, understanding and quantifying these effects requires further study.”

“One of the most important take-away messages from our current and ongoing review of the science regarding human health effects of oil spill disasters is that there is a clear need for additional health monitoring and research to underpin our collective understanding and public health decisions,” Miller said.

From the limited amount of studies now available, researchers know that oil spill clean-up workers usually report the highest exposure levels and have the most acute symptoms. Regarding long-term effects, studies have chronicled serious psychological problems, such as anxiety and post-traumatic stress disorder, among workers and community members. For example, a 1993 study in the American Journal of Psychiatry examining Alaskan communities after the Exxon Valdez oil spill found that the “oil spill’s impact on the psychosocial environment was as significant as its impact on the physical environment.”

Louisiana State Health Officer Jimmy Guidry, MD, said the state’s health department has requested $10 million from BP to fund additional mental health services for residents and workers. While the department works to mitigate immediate health risks from oil exposure, the spill’s effect on mental well-being will likely linger the longest, Guidry said.

“We’re trying to minimize the exposure, but we know (residents’) exposure to this is probably not much worse than in urban areas where cars are spewing out petroleum byproducts,” he told The Nation’s Health. “But from a mental health perspective, people really don’t know when they’re getting back to work, they don’t know how to provide for their family, they don’t know if the (oil clean-up) work they do choose to do will affect their health in the long-term.”

— Jimmy Guidry

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“The same thing happened after (Hurricane) Katrina,” he said. “People want to help, they’re willing to hire on to help and are then told that there’s risk involved. They have to choose to go without a paycheck or help clean up this oil. If I’m not wealthy, I don’t have much of a choice.”

LuAnn White, PhD, director of Tulane University’s Center for Applied Environmental Public Health in New Orleans, said the oil spill will not be a short-term health event — “even if they stopped the leak today (in late June), we’d still have to worry about the oil that already exists and right now, we don’t have an outer boundary on it.” Fortunately, the state’s public health system is in full response mode, said White, who has a background in toxicology and works closely with the Louisiana health department.

“The state has everybody yanked up and working together on this. Residents was air quality, which ‘remains an issue to this day,’ White said. “And in my opinion, BP should be paying for every bit of public health activity around this oil spill. The entire burden should not fall on an already-stressed public health system.”

Guidry noted that “there’s not much of an infrastructure in public health for a surge. It’s very difficult to protect people when we’re constantly dealing with crises.” Even though the state’s public health work forces are stretched, Guidry said the best way to help is for people to bring their vacation money to Louisiana’s Gulf Coast.

“There’s a lot of expertise here and you can put yourself at risk (helping) if you’re not properly trained,” he said. “The way to help is to come and support us economically — stay at our hotels, eat our seafood. We need that support.”


Photo by Alex Wong, courtesy Getty Images

At a June news conference, Gulf Coast residents show off jars of oil-contaminated water that were collected in Louisiana and Alabama waters following the April oil rig disaster.

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Photo by Alex Wong, courtesy Getty Images
Colorado takes on healthy foods

Colorado officials are taking action to improve access to healthy foods in the state.

In May, Colorado Gov. Bill Ritter signed a law establishing a 13-member council that will work to develop food system recommendations for state and local governments, businesses, agriculture and consumers to use to improve access to healthy foods in the state.

“There isn’t one single group that addresses the complexities of food systems and their impact on health,” said Mau- reen C. Stewart, president and CEO of LiveWell Colorado. “For the first time in Colorado, the Food Systems Advisory Council will convene stakeholders from the multiple sectors that impact food systems to recommend policies and programs that will increase access to healthy foods.

Stewart’s non-profit group anticipates the council’s work will address many recommendations published in a recent “Food Policy Blueprint,” which included increasing participation in federal food assistance programs, supporting economic development of healthy food retailers, and making it easier for schools to purchase healthy local foods. LiveWell Colorado coordinated a series of culinary “boot camps” for school food service personnel earlier this summer to support the goals of the law.

Ohio preterm birth rate a ‘crisis’

More than one in eight Oklahoma families has experienced preterm births, according to the Oklahoma State Department of Health, which recently declared preterm births a state “public health crisis.”

Oklahoma has an infant mortality rate of eight deaths per 1,000 live births, which is higher than the national average of 6.7 per 1,000 live births. There are almost 6,000 babies born prematurely in the state each year, according to national data.

“Preterm birth is the leading cause of death in the first month of life, which is tragic for families, communities and the entire state,” said State Health Commissioner Terry Cline, PhD. “To produce a healthier population, we must take a serious look at changing policies, improving provider services and pay- ments, and increasing community outreach.”

A recent state study found women lacking a high school education and women without private health insurance were at higher risk of early preterm birth occurring prior to 34 weeks gestation. Black mothers were twice as likely as white and American Indian mothers to have an early preterm birth.

The full “Oklahoma Pregnancy Risk Assessment Monitoring Study” is available online at www.ok.gov.

Louisville residents join to shed pounds

With a community-wide goal of losing 100,000 pounds by Labor Day, resi- dents of Louisville, Ky., have joined in the Lose It, Louisville program.

The city-wide weight loss and fitness program is designed to help people eat healthier and become active, and is part of Mayor Jerry Abramson’s Healthy Hometown movement. Participants can register online for guidance and to update their weight weekly in the weight loss challenge.

“The Lose It, Louisville campaign is part of the work that the mayor and I have been doing to help the people of Louisville become healthier,” said the city’s public health and wellness director, Adewale Troutman, MD, MPH, who is an APHA member. “Our goal is to make the citizens of Louisville among the healthiest people in America.”

The Healthy Hometown effort includes a website with resources on healthy eating, active living, and wellness on the job and at school. For example, the healthy eating resources include locations of farmer’s markets, a report on the local food system and information on the city’s farmers markets. Other resources highlight the city’s bike and bike series and a walking program.

For more, visit www.loseitlouisville.com and www.louisvilleky.gov/ healthyhometown.

Preparedness tools for local health officials

The Center for Public Health Preparedness at the University of Pittsburgh Graduate School of Public Health has developed a “Legal Toolkit for Pennsylvania Local Health Departments” to guide work in the state.

The kit includes model public health orders and related documents that local health departments and others can use as templates when drafting documents to seek judicial support for local health regulation enforcement. Examples of such documents include notices, orders and court petitions for nuisance abatement, isolation, quarantine, medical examination or treat- ment, and building closures. It was developed as part of the school’s efforts to help public health officials be prepared in the event of an emergency.

Those who sign up on the toolkit website can receive future communica- tions from the Center for Public Health Preparedness, such as updates based on changes in state or federal law. The toolkit’s designers have encouraged users to reproduce it freely as long as the school is credited, state work, but also caution that the kit “is not intended as a substi- tute for professional legal or other advice.”

The kit is available at www.prepare.pitt.edu/ lawltk/default.aspx.

— Donya Currie
The AFFILIATES
State, regional public health associations

Topics include healthy homes, nutrition

Connecticut Affiliate partnership brings health literacy to residents

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SPRAY BOTTLES filled with nontoxic cleaning agents are not the typical instructional materials given to adult literacy students. But thanks in part to an initiative of the Connecticut Public Health Association, two of the state’s volunteer literacy centers have added health literacy classes — including green cleaning lessons — to their course offerings.

Sponsored by the Connecticut Public Health Association in partnership with Literacy Volunteers of Greater Hartford and Literacy Volunteers of Central Connecticut, the initiative — now in its second year — aims to increase the health literacy of the state’s low-literate adults. Funded by the Acta Foundation, the health literacy initiative has introduced low-literate adults to a range of important health topics, including prevention, nutrition, eye care, oral health and the most important questions to ask during a doctor visit. Sessions have also focused on career opportunities in health care.

“The literacy volunteer groups do a tremendous amount of work, but their students are prime candidates to really learn more about health literacy,” Annamarie Beaulieu, MPH, campaign director for CPHA, told The Nation’s Health.

And the need is great. According to the U.S. Department of Health and Human Services, the overwhelming majority of adults have difficulty understanding and using everyday health information that comes from many sources, including health professionals, the media, websites, and food and medicine labels.

“One woman in her 60s said she had never had a Pap test, but because we talked about health literacy, she went and got one,” said Darlene Hurtado, MHSA, executive director of Literacy Volunteers of Central Connecticut. “We definitely are hearing success stories. We’re finding that they really like the whole area of health.”

AIA will formalize the volunteer literacy centers, hopes run high. From the immigrant father who longs to read aloud to his kids to the local mother striving for the GED certificate that will pull her family out of poverty, the ability to read and write is crucial to achieving success as parents, employees and members of the community. Incorporating health literacy classes into the centers’ curriculum seemed like a natural fit, Beaulieu said.

Addressing the role healthy homes play in a family’s health, instructors from the Connecticut Department of Environmental Protection recently taught dozens of literacy students in Hartford and New Britain about safe alternatives to cleaning agents such as bleach and ammonia. Participants went home with green cleaning kits that included recipes for making inexpensive, nontoxic household cleaners. The sessions also provided opportunities to provide green cleaning training to literacy center staff.

Over the next few years, the initiative’s organizers will be looking at how to expand the health literacy model, possibly bringing in additional volunteer literacy groups as well as community health centers. Beaulieu also hopes to expand the curriculum. For example, future plans include bringing in pharmacists to talk about how to read labels on prescription bottles.

“What’s been really good about the connection with CPHA is all the connections they have,” Hurtado said. “We are experts in literacy, they are experts in health, so bringing the two together has been wonderful.”

For more information, visit www.cpha.info.

— Teddi Dineley Johnson

Massachusetts Affiliate moving the needle on state obesity rate

URING the past 30 years, adult obesity rates in the United States have doubled and childhood obesity rates have more than tripled, according to federal data.

Aiming to reverse the trend on the home front, the Massachusetts Public Health Association recently launched a three-year campaign to prevent obesity and chronic disease in the state. The Act Fresh initiative will establish policies promoting equal access to healthy food and safe public spaces to exercise.

Focusing in the first year on organization, relationship and coalition building, as well as on garnering short-term legislative wins, the campaign will amass momentum for prevention and for a powerful policy push in the 2011–2012 state legislative session, according to campaign organizers.

“This ambitious campaign will really raise the profile of the power of public health and prevention,” MPH Executive Director Valerie Bassett, MSA, told The Nation’s Health. “It will help us increase the political power of public health in Massachusetts and it helps us form critical relationships across sectors to solve these problems.”

While there is general support for the idea of obesity and chronic disease prevention among health-oriented Massachusetts legislators, there has not been a clear policy agenda of the best strategies to accomplish it, nor has there been a unified group of advocates working for the same purpose, according to Act Fresh campaign organizers. Aware that advocacy groups working on a joint agenda could have a much more powerful impact, MPHA will formalize a partnership with other advocates, engage local leaders, gather input on policy priorities and facilitate agreement on a shared agenda for 2011.

Currently, more than half of adults and about one in four high school students in Massachusetts are overweight or obese, according to a 2009 report by the Massachusetts Department of Public Health. Moreover, more than one-third of 2- to 5-year-olds participating in the state’s Special Supplemental Food Program for Women, Infants and Children are either at risk of becoming overweight or are overweight, the report found.

“It is a major public health challenge and there is a lot more we could be doing,” Bassett said, noting that a focus of the campaign this year has been to pass a bill that would establish a statewide food policy council.

Such a council would improve coordination among the many state agencies that regulate aspects of the state’s food system, advocates say, and would find new ways to expand access to locally grown foods.

But moving the needle on the state’s obesity prevention policy requires bringing a broad coalition of advocates to the table, from neighborhood groups working to improve health in their communities to local health department workers to transportation and agriculture workers, said Maddie Ribble, MPH, director of advocacy and media for the Massachusetts Public Health Association.

“This initiative builds on many years of advocacy work and community organizing that we have been doing, and is an effort to take things to the next level,” Ribble said.

Through the Act Fresh campaign, the APHA-affiliated health association has recruited and mobilized a statewide network that boasts 120 organizations and individuals. However, Act Fresh’s core leadership team will “really be the group to roll up our sleeves and work together on the campaign, vote on the final agenda and be our closest partners over the next two years in accomplishing the policy change we want,” said Bassett, who is an APHA member.

The Act Fresh campaign receives funding from several sources, including the Boston Foundation and the Harvard Pilgrim Health Care Foundation.

For more information, visit www.mphaweb.org.

— Teddi Dineley Johnson

Literate students in Hartford, Conn., learn how to clean with environmentally friendly substances at a workshop organized by the Connecticut Public Health Association.

Photo courtesy Connecticut Public Health Association
Global health advocates call for renewed focus on drug resistance

In the world today, there is only one remaining effective drug to treat malaria, penicillin is only about 50 percent effective in treating strep pneumonia, and 440,000 new cases of drug-resistant tuberculosis are diagnosed per year, according to global health advocates. The growing problem of drug-resistance is one that advocates warn must be acted upon now.

At a June news conference in Washington, D.C., representatives from the Center for Global Development urged immediate action from health care providers, policy-makers, pharmaceutical companies as well as a variety of stakeholders to help fight the problem of drug resistance, as it is threatening public health gains on a worldwide scale. Health care providers are rapidly losing the ability to treat common and often deadly diseases, with some diseases adapting to drugs many times faster than it takes for a new treatment to be developed, according to the “Race Against Drug Resistance,” a report authored by the Center’s Drug Resistance Working Group that was released at the D.C. event.

“Across the world, drug resistance is on the rise,” stated the report. “A vigorous effort to tackle this problem, the severity of which is little recognized, must start with an immediate injection of leadership from governments, donors, global health institutions and industry.”

The health and economic consequences of drug resistance are immense. When first-line, relatively inexpensive drugs become resistant to diseases, second-line, more expensive drugs become the next step and sometimes only — option. For example, in the case of tuberculosis, the price of second-line drugs can cost as much as 175 times more than first-line drugs, the report found. Stark price increases can be seen in many other antibiotics as well, making it much harder for patients to get access to the treatments they need. Also, with the global counterfeit drug business generating $200 billion a year, the proliferation of such products are only adding to the drug resistance problem, stated the report.

Rachel Nugent, the working group’s chair and deputy director of global health at the Center for Global Development, said “better coordination, better information and stronger action” are essential pieces to winning the fight against drug resistance. The working group recognized that all of the stakeholders have the means to confront the problem, but there has to be a global effort to put such tools into action. To do this, the working group has created four recommendations, recognizing that nothing will be accomplished without the help of both the public and private sectors.

The four recommendations are to track drug resistance in real time by improving surveillance, secure the supply chain from pharmaceutical manufacturers to patients in order to maintain and monitor drugs, strengthen national drug regulatory authorities through regional networks, and create a web-based research and development marketplace to catalyze the development of resistance-fighting technologies.

The report noted that collective leadership is the only way the plan will be successful, and that by bringing in stakeholders with knowledge and expertise from all different fields, an improvement in the fight against drug resistance will hopefully be seen soon. As Nugent said at the news conference, “knowledge of drug resistance is essential.”

For a copy of the report, visit www.cgdev.org. — Valerie Bloom

Globe in Brief

Guide takes on global hunger, food security

In May, the U.S. Agency for International Development released its strategy for sustainable global food security in its “Feed the Future Guide.”

The strategy seeks to align resources in accordance with a country’s own plans and foster sustained partnerships to reduce hunger and poverty. Plans include support for women as agricultural producers and developing emergency food security. The effort is critical at a time when economic crises have pushed more and more people into the ranks of the poor and hungry, supporters of the plan said.

The guide and more information about the initiative are available at www.feedthefuture.gov.

Lack of skilled birth care costing lives

A lack of skilled attendants at birth accounts for 2 million preventable maternal and newborn deaths and stillbirths each year, according to a June report that found nearly 50 percent of women in many sub-Saharan African and Asian countries still give birth without a trained attendant.

Only 10 of the 68 countries in the world have increased the rate of skilled care at childbirth by at least 10 percent since 1990. And 11 countries made no progress, according to a report from Countdown to 2015, a group formed in 2005 to track progress in reducing maternal and child deaths in the 68 countries where more than 95 percent of such deaths occur.

One barrier is a global shortage of midwives and other trained providers, according to the report, which estimates 700,000 such personnel are needed.


Ending fuel subsidies could cut emissions

Phasing out fossil fuel subsidies could be a low-cost option to meet the emissions reduction targets announced after last year’s United Nations climate conference, according to an analysis by the Organization for Economic Cooperation and Development.

The analysis, released in June, concluded that ending fossil fuel subsidies could cut greenhouse gas emissions by 10 percent from the levels they would otherwise reach in the year 2050.

“Many governments are giving subsidies to fossil fuel production and consumption that encourage greenhouse gas emissions at the same time they are spending on projects to promote clean energy,” said Angel Guerra, secretary-general of the OECD’s Organization for Economic Cooperation and Development. “This is a wasteful use of scarce budget resources.”

Learn more at www.oecd.org/g20/fossilfuelsubsidies.

WHO responds to H1N1 flu criticism

In responding to the global H1N1 flu pandemic, World Health Organization officials acted in accordance with public health protocol and free from commercial conflicts of interest, according to a WHO letter sent to editors of the British Medical Journal.

Signed by WHO Director-general Margaret Chan, MD, MPh, the letter rebuffed accusations published June 3 in the British Medical Journal and a report from the Parliamentary Assembly of the Council of Europe that commercial interests influenced WHO’s H1N1 response and that WHO created unfounded fear of pandemic flu. In her letter, Chan stated that “decisions to raise the level of pandemic alert were based on clearly defined virological and epidemiological criteria. It is hard to bend these criteria, no matter what the motive.”

“Accusations that WHO changed its definition of a pandemic in order to accommodate a less severe event (and thus benefit industry) are not supported by the facts,” Chan wrote.

For a copy of the letter, visit www.who.int/media centre. — Donya Currie

New educational offerings for APHA’s 2010 Annual Meeting

Social Justice

November 9-12, 2010
Denver, CO

NEW LEARNING INSTITUTES:
Using Online Surveys in Public Health Research
Learning Institute Course #1003 · November 6, 2010 – Fee $200
What incentives and techniques can you use to increase the response rate to your online survey? Sign up and find out.

Working in a Public Health Operations Center During a Disaster
Learning Institute Course #2014 · November 7–Fee $200
Here’s an opportunity for you to learn how to formulate an Incident Action Plan for a community disaster.

It’s Back! Epidemiology for Non-Epidemiologists
Learning Institute #1004 B 2004, A 2-day course
November 6 & 7 · Fee $340
Join this highly interactive course to learn how to define and apply basic epidemiologic concepts and tools to your professional practice.

Separate registration and fee are required to attend the Learning Institute courses. Visit http://www.apha.org/programs/education/edanualmeeting for the full course listing. Registration for the full conference and the Learning Institute is now open at www.apha.org/meetings/highlights.

Please contact Evangeline Savage at evangeline.savage@apha.org if you have any questions.

NEW educational offerings for APHA’s 2010 Annual Meeting
**HEALTH FINDINGS**

The latest public health studies and research

Many U.S. vets face mental health issues
A study of U.S. Army and National Guard soldiers who had recently served in Iraq found post-traumatic stress syndrome or depression rates ranging from 8.5 percent to 14 percent, with up to a third of soldiers having some mental health issues, according to a study published in the June issue of Archives of General Psychiatry.

Researchers collected anonymous surveys from more than 18,000 U.S. soldiers at three and 12 months following their deployment to Iraq. About half of the participants who suffered from symptoms of post-traumatic stress and depression also met criteria for alcohol misuse or aggressive behavior. Also, the study found rates of mental health issues were the same or higher at 12 months following a soldier’s return from combat compared to three months after deployment.

“It is not clear that, at 12 months following deployment, many combat soldiers have not psychologically recovered,” the study’s authors wrote.

The issue is of particular concern because the time between deployments for many soldiers is 12 months to 18 months, and many soldiers have been deployed three or four times to Iraq or Afghanistan, the study stated.

**Progress on Ebola, Marburg vaccines**

Two recent animal studies have indicated promise for vaccines that protect against Ebola virus and Marburg hemorrhagic fever.

The National Institutes of Health announced in May that an experimental Ebola vaccine protected monkeys against not only the most lethal Ebola virus species but also against a newer Ebola species identified in 2007. Findings from that vaccine study were published May 20 in the Public Library of Science Pathogens journal.

In June, NIH officials said an experimental vaccine to prevent outbreaks of Marburg hemorrhagic fever is showing promise in monkeys as an emergency treatment for accidental exposure to the virus that causes the disease. Marburg infection has a high fatality rate and lacks a licensed treatment option.

Results from the Marburg vaccine study were posted online June 16 in Emerging Infectious Diseases.

Confirmed cases of Ebola and Marburg hemorrhagic fever have been reported in about six African nations, according to the Centers for Disease Control and Prevention.

**A new study found that about 10 percent of fathers face prenatal or postpartum depression.**

The observation that expecting and new fathers disproportionately experience depression suggests that more efforts should be made to improve screening and referral, particularly in light of the mounting evidence that early paternal depression may have substantial emotional, behavioral and developmental effects on children,” the study’s authors wrote.

**Postpartum depression a problem for dads**

About 10 percent of fathers face prenatal or postpartum depression, with rates highest in the three-month to six-month postpartum period, according to a study in the May 19 Journal of the American Medical Association.

Researchers analyzed studies involving about 28,000 participants and found the overall incidence of depression among new fathers was about 10 percent, compared to a rate about half that for men in the general population. The highest rate of postpartum depression was almost 26 percent in the three-month to six-month postpartum time period, compared to the lowest rate of about 8 percent in the first three months after birth.

“The observation that expecting and new fathers disproportionately experience depression suggests that more efforts should be made to improve screening and referral, particularly in light of the mounting evidence that early paternal depression may have substantial emotional, behavioral and developmental effects on children,” the study’s authors wrote.

**Childhood obesity tied to bullying risk**

Noting that childhood obesity and bullying are both “pervasive public health problems,” a study in the June issue of Pediatrics found that obese children have higher odds of being bullied no matter their gender, race, family socioeconomic status or level of academic achievement.

The study, which looked at the relationship between childhood obesity and being bullied in third, fifth and sixth grades, concluded that interventions to address bullying in schools are badly needed. And because obese children are often stigmatized, health care providers caring for obese children should consider the role bullying may play in a child’s well-being. They underscored that bullying might stem from negative stereotypes about overweight and obese individuals that persist despite the fact that obesity rates among children and adults have continued to rise in recent years.

“Because the bullying of obese children seems to be rooted in negative stereotypes linked to health by other children, future research might consider evaluating approaches to modifying those perceptions,” the study’s authors wrote.

They also suggested fashioning “messages aimed at reducing the premium placed on thinness and the negative stereotypes that are associated with being obese or overweight.”

**Report: Bisphenol A in most canned food**

More than 90 percent of canned foods tested in a recent study were contaminated with bisphenol A, a synthetic sex hormone linked to health and reproductive problems.

The study, released in May by the National Workgroup for Safe Markets, looked at bisphenol A levels in 50 cans of food from 19 states and a Canadian province. More than 90 percent of the cans tested, which included brand-name fish, fruits, vegetables, beans and soups, had detectable levels of bisphenol A, some at higher levels than have been detected in previous studies. The report found that one can of green beans had a level of bisphenol A at 1.140 parts per billion. The U.S. Environmental Protection Agency presumes bisphenol A is safe at 50 parts per billion per day.

Sen. Dianne Feinstein, D-Calif., has introduced a bill that would ban bisphenol A in cans and other food and beverage containers. The full study report, “No Silver Lining: An Investigation Into Bisphenol A in Canned Foods,” is available at www.contaminatedwithoutconsent.org. — Donya Carrie
Healthy You

Get the facts on nutrition by reading your food labels

By Teddi Dineley Johnson

W ant to choose a diet low in cholesterol, sodium and fat? The facts are right there in black and white, on just about every package or can in your pantry. It’s called the nutrition facts label.

Thanks to the Nutrition Labeling and Education Act of 1990, nutrition facts can now be found on the side or back of nearly every package you pick up in the grocery store, and there’s a good chance you’re paying attention to them. According to a survey released in March 2010 by the U.S. Food and Drug Administration, most consumers are reading food labels these days and are increasingly aware of the link between nutrition and health. More than half, or 54 percent of U.S. consumers, often read the food label when buying a product for the first time, up from 44 percent in 2002. Most folks say they use the information on the label to see how high or low a particular food is in calories, salt, vitamins and fat.

“The label helps you determine the amounts of nutrients you are consuming, and also helps you to compare one product to another,” says Crystal Rasnake, MS, a nutritionist with the Office of Nutrition, Labeling and Dietary Supplements at FDA.

“If you use the label when you shop, as you plan your meals, and as you cook each day, it can help you make healthier choices in your diet.”

What’s on a food label?

Some people think food labels are confusing, but that’s because they don’t know how to put the information they convey in context, says Rasnake, who offers some tips. Grab a package off your kitchen shelf right now and spend a few minutes with the nutrition label.

First, check out the serving size, number of servings in a package and calories. The nutrition facts label is based on a 2,000-calorie diet, but your calorie needs might be different. Nutrient amounts are given for one serving.

Be sure and read carefully, however: Some products — such as a can of soup or a block of Asian noodles — look like they are packaged for a single serving. But you might be surprised to look at the label and learn that a product you have long enjoyed is actually intended for more than one meal. In addition, you could be consuming two or three times more fat, calories and sodium than you think you are.

To judge if the product is right for you, Rasnake says to check out the label’s “daily value” column, sometimes abbreviated as “%DV.” This information helps you estimate if a food is high or low in a specific nutrient. Also, a really quick way to figure out if a food is low or high in a particular nutrient is to use the “5/20 rule,” Rasnake says. If the percent of daily value is 5 percent or less, the food is low in that nutrient. If it is 20 percent and more, it is high in that nutrient.

“You might actually eat more or less than the serving size, but this number gives you a baseline for nutrient content,” Rasnake says.

Use the nutrition facts label to select foods that are the lowest in saturated fat, trans fat and cholesterol. You should also check the sodium content of a product.

In addition to helping you identify the things you should limit in your diet, such as fat and sodium, the label can help you increase nutrients that promote good health and may protect you from disease. Look for nutrients such as vitamins A and C, potassium, calcium and iron, and choose foods with a higher “daily value” for these nutrients.

“Use that ‘5/20 rule’ and compare products to find the ones that are right for you,” Rasnake says. “It is also important to use the label to look for foods that are high in dietary fiber, such as beans and whole grains.”

And remember: You can use the nutrition facts label not only to help limit those nutrients you want to cut back on, but also to increase the nutrients you need to consume in greater amounts.

Find the facts on fresh foods

Fresh corn on the cob is on sale today and you’re stuffing a dozen ears in your cart, but where’s the black and white nutrition facts label? Labeling for fresh fruits and vegetables is voluntary, however many retailers provide this information upon request.

For the 20 most popular fresh fruits and vegetables, nutrition information is sometimes displayed in a notebook or printed in handouts in the produce section. Also, many manufacturers and farmers are now voluntarily providing nutrient information on their own products.

Download free copies of Healthy You at www.thenationshealth.org

Spot the Block: Tips for kids

Helping your kids learn about food labels is important, because obesity is on the rise. Through its Spot the Block campaign, FDA is introducing 9- to 13-year-olds to nutrition facts labels to help them make healthier food choices.

The site, online at www.spottheblock.com, includes interactive games as well as tips for parents and teachers.

>> More than half of consumers say they read the label when buying a product for the first time.

>> For more tips, visit www.fda.gov/food/labelingnutrition/consumerinformation
As cigarette smoking rates decline, concerns grow on smokeless products

Continued from Page 1

industry, for decades, has introduced new products in an effort to expand the marketplace and interest non-users,” said Matthew Myers, president of the Campaign for Tobacco-Free Kids. “The new products we’re seeing today — flavorful dissolvable products, heavily marketed smokeless tobacco products — are a continuation of that trend.”

Fortunately, the novel products come under the jurisdiction of the U.S. Food and Drug Administration’s new tobacco regulatory authority, which officially kicked in this June. Originally signed in June, the law gives FDA authority over tobacco manufacturing, marketing and sales, which means that like cigarettes, novel tobacco products must also come marked with large warning labels and submit to strict advertising rules. However, in an article published in the May issue of Pediatrics, Lawrence Deyton, MD, MPH, director of FDA’s new Center for Tobacco Products, and Marisa Cruz, MD, also with the center, noted that while FDA’s “framework is being implemented, the landscape is shifting.”

“As state and local communities across the United States adopt indoor clean-air laws that restrict smoking in public areas and workplaces, the tobacco industry seems increasingly focused on the development and introduction of novel smokeless tobacco products,” Deyton and Cruz wrote. “This shift in focus seems to be reflected in the evolving patterns of tobacco use by youth.”

According to data from the Centers for Disease Control and Prevention’s “Youth Risk Behavior Surveillance — United States, 2009” report, which was released in June, almost 9 percent of U.S. students nationwide reported using smokeless tobacco on at least one day in the 30 days prior to the survey — an increase from previous years. In addition, a survey released in May by the Virginia Foundation for Healthy Youth found that one out of three teens surveyed incorrectly identified flavored tobacco as candy. Almost 40 percent of people younger than 18 surveyed identified Camel Orbs Fresh as mints or candy based on its packaging, and among respondents who did not currently use tobacco, 27 percent said they would try Orbs based on the packaging.

Myers at the Campaign for Tobacco-Free Kids noted that the novel products’ popularity “depends largely on whether the tobacco industry succeeds in creating an image of those products.” He added that when tobacco manufacturers introduced Skoal Bandit, a product similar to Snus, in the early 1980s, few youth were using smokeless tobacco products. But within a few years, it became a fad among young people, especially among young male teens.

“The time to stop the spread of dangerous products is before they become the fad of today,” Myers told The Nation’s Health. FDA’s Tobacco Products Scientific Advisory Committee is set to begin its review of new dissolvable tobacco products that are shaped and flavored like candy. Earlier this year, the agency sent letters to tobacco manufacturers requesting information on the perception and use of such products and about the health consequences of their misuse. Besides being a serious oral health risk, dissolvable products such as Orbs, Sticks and Strips pose a poisoning risk to children. In fact, in April, some members of the U.S. Senate called on FDA to immediately recall the products from the market.

“It was clear from the very beginning that tobacco candy was designed and marketed to appeal to children,” said Sen. Jeff Merkley, D-Ore. “Now we have clear evidence that children are not only obtaining these candies, they are being poisoned by them.”

Such evidence was published in the May issue of Pediatrics. A study examined almost 14,000 tobacco product ingestion cases, 70 percent of which involved infants younger than 1. The study found that smokeless tobacco products were the second most common tobacco products ingested by children, and such products represent an increasing proportion of tobacco ingestion among children younger than 5. The study noted that compared to cigarettes or moist snuff, novel products such as the candy-like Orbs contain a higher amount of un-ionized nicotine — the form of nicotine most rapidly absorbed in the mouth — which may enhance the product’s toxicity.

Gregory Connolly, DMD, MPH, a co-author of the study and director of the Tobacco Control Research Program at the Harvard School of Public Health, said that even though novel tobacco products typically do not contain as much nicotine as cigarettes, they create the desire for cigarettes — “it’s no accident that these have the same brand names as conventional cigarettes.” But while novel products pose their own dangers, smoking remains the biggest threat, he said.

“We should keep our eye on the ball and that’s conventional cigarettes,” Connolly told The Nation’s Health. “Those are the killers.”

Cheryl Heaton, DrPH, president and CEO of the American Legacy Foundation, the organization that created the successful youth anti-smoking campaign known as “truth,” said the biggest threat from novel tobacco products are their “gateway” effect, helping to create youth who are “no longer nicotine naive and move on to more dangerous products.”

Luckily, she said the tobacco industry has learned from its previous tactics employed by the truth campaign — educating youth that they are “being used by adults (in the tobacco industry) to make a profit” — can also be applied to products such as Orbs and Snus.

“These novelty products represent an entryway into the tobacco market and young people who try them are much more likely to go on to smoke cigarettes.”

— Cheryl Heaton

NEW RELEASE!

Essentials of Management and Leadership in Public Health

By Robert E. Burke, PhD, and Leonard H. Friedman, PhD, MPH

Essentials of Management and Leadership in Public Health covers an introduction and history of the field of public health management; the evolution of key leadership and management theories; the changing role of public health management professionals and key characteristics of a successful public health leader; key issues in the organization, financing and delivery of healthcare services; fundamental concepts about the classic functions of management including economics, finance, marketing, strategy, administration, human resources, and community relations; and modern approaches to leadership development, selection, retention and succession planning.

Copublished with Jones & Bartlett Learning

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JOIN YOUR COLLEAGUES FOR THE MOST IMPORTANT PUBLIC HEALTH EVENT OF THE YEAR. LEARN, TEACH, NETWORK, MENTOR, SOCIALIZE AND MOST OF ALL MAKE A DIFFERENCE! WITH MORE THAN 1,000 CUTTING EDGE SCIENTIFIC SESSIONS FOCUSING ON THE LATEST PUBLIC HEALTH CHALLENGES, 700 BOOTHS OF INFORMATION AND STATE-OF-THE-ART PUBLIC HEALTH PRODUCTS AND SERVICES AND CAREER OPPORTUNITIES AVAILABLE AT THE PUBLIC HEALTH CAREER MART, THIS IS A MEETING YOU CAN’T AFFORD TO MISS.

SOCIAL JUSTICE: A PUBLIC HEALTH IMPERATIVE

Social Justice lies at the heart of public health. It is central to its mission and is frequently described as public health’s core value. The social circumstances in which we are born, live, and work, play a greater role in longevity and overall health in the United States than genes, health insurance and access to health services. A number of Annual Meeting sessions will explore why certain populations bear a disproportionate burden of disease and mortality and what the public health community can do to better address the causes of these inequities.

JOIN US AS WE EXPLORE THE LINK BETWEEN SOCIAL JUSTICE AND PUBLIC HEALTH AND THE IMPORTANCE OF EXPANDING THE DIALOGUE TO INCLUDE SOCIAL DETERMINANTS OF HEALTH EQUITY IN ALL POLICY DEBATES.

APHA IN DENVER

The APHA 138th Annual Meeting and Exposition will take place in Denver at the Colorado Convention Center, November 6–10, 2010. Now, more than ever, is the time for the public health community to come together and embrace the opportunities and potential for change facing our nation. Learn, teach, network, mentor, socialize and most of all make a difference!

Adventure awaits travelers to Denver. Three hundred days of sunshine, diverse neighborhoods and the Rocky Mountain backdrop combine to create the world’s most spectacular playground. Denver offers stunning architecture, award-winning dining and unparalleled views, all within walking distance of its famed 16th Street pedestrian mall. A free shuttle carries visitors up and down this central corridor, providing quick access to world-class art and culture.

REGISTER ONLINE @ WWW.APHA.ORG/MEETINGS
SCHEDULE OF EVENTS

Saturday, November 6, 2010
7:30 am–6:00 pm Registration
2:30 pm–3:30 pm Poster Sessions (2018.0–2045.0)
3:30 pm–5:00 pm Annual Meeting & Membership Orientation
3:30 pm–6:00 pm APHA Public Health Institutes
4:00 pm–5:10 pm APHA Learning Institute (2015.0)
4:30 pm–5:10 pm Poster Sessions (2047.0–2074.0)
6:30 pm–7:30 pm Live in Concert! Aaron Neville and His Quintet featuring Charles Neville

Sunday, November 7, 2010
7:30 am–6:00 pm Registration
2:30 pm–3:30 pm Poster Sessions (2018.0–2045.0)
3:30 pm–5:00 pm Annual Meeting & Membership Orientation
3:30 pm–6:00 pm APHA Public Health Institutes
4:00 pm–5:10 pm APHA Learning Institute (2015.0)
4:30 pm–5:10 pm Poster Sessions (2047.0–2074.0)
6:30 pm–7:30 pm Live in Concert! Aaron Neville and His Quintet featuring Charles Neville

Monday, November 8, 2010
7:30 am–5:00 pm Registration
7:30 am–6:30 pm M&A Lounge
8:30 am–10:00 am Scientific and Special Sessions (3000.0–3450.0)
9:30 am–10:30 am Poster Sessions (3070.0–3091.0)
10:30 am–12:00 pm Scientific Sessions (3092.0–3156.0)
12:30 pm–1:30 pm Poster Sessions (3157.0–3182.0)
12:30 pm–2:00 pm Scientific Sessions (3183.0–3252.0)
2:30 pm–3:30 pm Poster Sessions (3254.0–3279.0)
3:30 pm–4:00 pm Scientific Sessions (3280.0–3354.0)
4:00 pm–5:10 pm Poster Sessions (3355.0–3378.0)
4:30 pm–6:00 pm Scientific Sessions (3379.0–3424.0)
6:30 pm–8:00 pm Social Hours/Business Meetings

Tuesday, November 9, 2010
7:30 am–5:00 pm Registration

Opening General Session

Cornel West, Ph.D.
Cornel West is an American philosopher, author and civil rights activist. He currently teaches in the Center for African American Studies and in the Department of Religion at Princeton University. He is known for his combination of political and moral insight and criticism, and his contribution to the post-1960s civil rights movement. The bulk of his work focuses on the role of race, gender, and class in American society.

West graduated from Harvard University. He earned a Ph.D. from Princeton and returned to Harvard as a Du Bois Fellow. He continued his career at Union Theological Seminary in New York and Yale Divinity School.

West became a professor of religion and director of the Program in African American Studies at Princeton. In 1994 he accepted an appointment as professor of African-American studies at Harvard University with a joint appointment at the Harvard Divinity School. In 2001, after a much publicized argument with Harvard president Lawrence Summers, West returned to Princeton, where he has taught since.

He has written several books that analyze issues of race, class, and social justice. For a full biography on Dr. West go to www.apha.org/meetings/highlights.

Closing General Session

William Carter Jenkins Ph.D., M.P.H.
Bill Jenkins has devoted himself uncasingly to the twin causes of eliminating racial/ethnic health disparities and promoting minority career opportunities in biostatistics and epidemiology. Currently working with the University of North Carolina Institute of African American Research, Jenkins previously worked for 30 years at the Centers for Disease Control and Prevention, where he helped to end the infamous Tuskegee Study of Untreated Syphilis in the Negro Male and to establish numerous initiatives to improve public health, especially for African Americans, American Indians, and others.

Jenkins did his undergraduate work in Mathematics at Morehouse College in Atlanta. After earning a masters degree in biostatistics from Georgetown University, Jenkins earned his M.P.H. and Ph.D. degrees in Epidemiology at the University of North Carolina, Chapel Hill. He has also completed post-doctoral work in Biostatistics at Harvard University School of Public Health.

Jenkins has held leadership positions in the American Public Health Association, the American College of Epidemiology, and the American Statistical Association. For more information on Jenkins go to www.apha.org/meetings/highlights.

Social Networking at the Annual Meeting
Keep the conversation going by checking out the daily APHA Annual Meeting blog, covering scientific sessions, social events and much more. Subscribe to the Blog for free and receive updates in your email—visit www.aphannualmeeting.blogspot.com to sign-up.

Follow Track of the latest deadlines, news, highlights and other information related to this year’s annual meeting all year long. Follow APHA on http://twitter.com/APHAAnnualMtg.

Share your thoughts on the Annual Meeting by using the meeting hashtag #apha10.

APHA Public Health Expo

More than 700 booths of information, state-of-the-art products and services geared towards public health professionals await you at the APHA Public Health Expo.

PUBLIC HEALTH CAREERMARKT

Public Health CareerMart (www.apha.org/about/careers) is the perfect opportunity for employers and job seekers to meet face-to-face. Prior to the Annual Meeting, job seekers and employers may submit resumes and job announcements online. Employers can reserve interview booths in advance and during the exhibit hall hours. Certified career coaches will be available for 30 and 90 minute sessions for job seekers. Contact ashell.alston@apha.org for additional information and fees.

EVERYTHING APHA

Everything APHA, located in the center of the Public Health Expo, is the complete source for APHA information, publications, membership benefits, merchandise and public health career opportunities.

POSTER SESSIONS

Poster Sessions (visual presentations of scientific research) are presented Sunday through Wednesday by their authors in the exhibit hall.

VIRTUAL EXPO

The Virtual Expo is an online interface that gives registrants the ability to browse the Public Health Expo floor plan, search for exhibitors by company name, product/service category and keyword. Access the Virtual Expo at www.apha.org/meetings/exposition.

ELECTRONIC INFORMATION CENTER

APHA’s Electronic Information Centers enable registered attendees to access their e-mail from two locations in the Colorado Convention Center, the Mix & Mingle Lounge and the Public Health Expo.

APHA SUMMIT ON HEALTH REFORM

Saturday, November 6 • 8:30 am–4:30 pm

Historic health reform legislation signed into law this year brings to a close a momentous chapter in a ninety-eight year journey to reform the delivery and financing of health services in our nation. The tasks that lay ahead—to interpret, codify, explain, translate, implement and monitor the law—carry both tremendous opportunities and formidable challenges.

Join public health practitioners, administrators and clinicians at this groundbreaking daylong Summit on Health Reform designed to prepare and equip public health officials and agencies on the implementation of the important provisions of the new health law with a particular emphasis on its impact on public health, wellness and prevention. For information on Summit speakers go to www.apha.org/meetings/highlights/summit.htm.

- Hear from the nation’s leading experts from within and outside the federal government.
- Gain a full understanding of the current provisions of the law, including community wellness and prevention activities, workforce development, clinical preventive services, and education and outreach, and the effects of the law on current public health programs.
- Learn how to begin planning for and implementing the new provisions in your agency and community.
- Find out what the $15 billion Prevention and Wellness Trust Fund means for public health.
- Gain first-hand insight from other states as officials share lessons learned in implementing health reform.

Register now to reserve your space and learn what health reform means for you!

Registration is limited and is on a first-come, first-served basis. Early-bird discounted fees for this special full day pre-conference Summit are only $199 for registrations received by August 27th. Full fees of $225 are in effect from August 28th–October 1st. Based on availability, on site fees of $250 will be applicable after October 1st.

EDUCATIONAL PROGRAMS

The 2010 Annual Meeting will unite the public health community, and afford professionals and practitioners the opportunity to enhance their knowledge and exchange information on best practices, latest research and new trends in public health.

The Annual Meeting consists of more than 1000 scientific sessions, roundtables, poster sessions, institutes and panel discussions at which over 4000 scientific papers will be presented. Specific program presenter information is available in the searchable online program with a personal scheduling application at www.apha.org/meetings.

FILM FESTIVAL

Visit the 7th Annual APHA Film festival showcasing both short and feature-length films focusing on both International and US public health issues. During the 4 days of the film festival more than 30 films will be previewed. See how the age old art of storytelling is being used to create healthier more just communities.

REGISTRATION AND HOUSING ARE LINKED

One stop shopping! Complete your online meeting registration and one click will take you to the pre-populated hotel reservation page. Early-bird registration discounts and discounted rates at 15 Denver hotels are available starting June 1st at www.apha.org/meetings.

Hotel reservations must be made through APHA Housing Services in order to confirm discounted rates at the official APHA Annual Meeting hotels and complimentary shuttle bus service to the convention center.

PUBLIC HEALTH AWARDS RECEPTION & CEREMONY

On Tuesday, November 9, beginning at 6:30 pm, join your colleagues at the Public Health Awards Reception and Ceremony to recognize the recipients of APHA’s most distinguished awards.

ONLINE PROGRAM AND PERSONAL SCHEDULER

Plan your meeting itinerary in advance! APHA’s Annual Meeting program and abstracts are available online at www.apha.org/meetings.

HELP US HELP THEM

It is APHA’s goal to give back to the local community. Help make a significant impact this year and donate $10 to Padres Unidos, a multi-issue organization in Denver working towards equality and justice in education, racial justice for youth, immigrant rights and the right to quality healthcare for all. Find out more at padresunidos.org To contribute, see step 12 on the registration form.
Join your friends and colleagues for a night of pure entertainment and fun!

Grammy Award winner Aaron Neville is one of the four famous Neville Brothers of New Orleans. He broke onto the national scene with “Tell It Like It Is,” the plaintive ballad that went #1 on the pop charts.

Linda Ronstadt featured Aaron on her Cry Like a Rainstorm, Howl Like the Wind album, resulting in such pop hit duets as “Don’t Know Much” and “When Something Is Wrong With My Baby.”

Aaron has won four Grammys: for Best Pop Duo with Linda Ronstadt for “Don’t Know Much,” for Best Pop Instrumental Performance with the Neville Brothers for “Healing Chant,” for Best Pop Duo with Linda Ronstadt for “All My Life,” and for Best Country Collaboration with Vocals with Trisha Yearwood for “I Fall to Pieces.” He was named “Best Male Singer” two straight years in the Rolling Stone critics’ poll. He has recorded a dozen solo albums ranging in genre from gospel, blues, jazz, funk and country.

Tickets are only $15 on a first-come, first-served basis and must be purchased on the Annual Meeting registration form.

For more information and links to Aaron’s music go to www.apha.org/meetings/highlights

Looking for a quiet place to relax with free wireless access? Check out the Mix & Mingle Lounge conveniently located in the Four Seasons Ballroom Foyer at the Colorado Convention Center. It’s the perfect place to meet up with friends and colleagues, check your email, or grab a snack in a comfortable and calming environment.
Denver International Airport (www.flydenver.com) offers nonstop service to more than 150 domestic cities and 19 international cities. Located northeast of downtown Denver, a cab or shuttle ride puts you in the heart of the city in about 25 minutes.

APHA TRAVEL DISCOUNTS

American Airlines
Call 1-800-433-1790 or visit www.aa.com
Refer to File Number: 12NOAB
- Valid travel dates: November 3–November 13, 2010
- 5% off lowest applicable fare, all cabins. Fare rules and restrictions apply.
- $20 ticketing fee for tickets purchased via the telephone or $30 for tickets purchased at the airport. No ticketing fee for reservations made online.

United Airlines
Call 1-800-521-4041 or visit www.united.com
Refer to File Number: 5840V
- Valid travel dates: November 3–November 13, 2010
- 2-10% off applicable fares. Fare rules and restrictions apply.
- Offer applies to domestic travel on United, United Express or United code sharing flights (UA).

Amtrak
Call 1-800-872-7245 or visit www.amtrak.com
Refer to Code Number: X08B-980
- Valid travel dates: November 3–November 13, 2010
- 10% off lowest available rail fare (not valid on auto train-gional as well as with sleepers, business class or first class with payment of the full applicable accommodation charges

Avis Car Rental
Call 1-800-331-1600 or visit www.avis.com
Refer to Discount no.: A900699
- All discounted rates include unlimited mileage.

GROUND TRANSPORTATION

Public Transportation—skyRide
Take advantage of skyRide, a public transportation option for travelers to and from the Denver Airport to downtown locations. A one way ticket costs between $8.00 and $12.00 based on drop off location. Call 303-299-600 or visit www.rtd-denver.com/skyRide_SubHome.shtml for specific travel instructions, maps and schedules.

Airport Shuttle Discounts
ShuttleFare
www.shuttlefare.com/home/airport/denver
Refer to APHA Discount Code: HT2X94R
- $4 off roundtrip service

SuperShuttle
www.supershuttle.com
Refer to Discount Code: PC707
- One-way Fare—$19
- Roundtrip Fare—$32

Taxicabs
One-way cab fare from the airport to Downtown Denver is about $57.
Denver Yellow Cab: 303-777-7777
Metro Taxi: 303-333-3333
#1 A + Airport Shuttle and Limousine: 303-710-8367

GETTING AROUND AT THE ANNUAL MEETING

Complimentary Shuttle Service
Complimentary shuttle service will be provided between official APHA hotels and the Colorado Convention Center (CCC) with the exception of the Courtyard Denver Downtown, Crowne Plaza Denver City Center Hotel, Hilton Garden Inn Denver Downtown, Hotel Teatro, Hyatt Regency Denver, Sheraton Denver Downtown Hotel and The Curtis Hotel, which are all within walking distance.

On-Call Accessible Van Service
In addition to accessible shuttle bus service, wheelchair accessible van service can also be scheduled upon request between official APHA hotels and the Colorado Convention Center for attendees with disabilities. Visit or call the Shuttle Bus Service Desk or the APHA Access Booth located in the registration area of the Colorado Convention Center to make arrangements in advance.

Registrants with mobility issues who are unable to utilize APHA shuttle buses or the on-call accessible transportation option, may utilize cab service to and from official APHA hotels and the Colorado Convention Center. APHA will reimburse for taxi fares between official APHA Annual Meeting properties. Submit all receipts to APHA (c/o Conventions Dept. 800 I Street, NW, Washington, DC 20001) no later than December 6, 2010.
ANNUAL MEETING REGISTRATION

ONLINE SESSION PRESENTATION RECORDINGS

Scientific session voice and PowerPoint presentations are recorded and uploaded to the APHA website providing access to hundreds of Annual Meeting presentations that registrants may have missed. For full access to these recorded sessions, register for E-sentialLearning on the Annual Meeting registration form.

Discounted fees of $50 for Annual Meeting session presenters, $75 for APHA members (who are not session presenters), and $130 for non-members are in effect for anyone registered for the full APHA Annual Meeting by the Oct. 1 pre-registration deadline. Login information and password will be provided following the Annual Meeting. Try it Out! Free access to the 2005–2008 E-sentialLearning is now available at www.apha.org/meetings/pastfuture.

CONTINUING EDUCATION CREDIT

Earn continuing education credits in CHES, Nursing, CME (for physicians and non-physicians), and Professionals Certified in Public Health (CPH) at the Annual Meeting. Fees are $50 for the first type/discipline and $10 for each additional CE type. This fee is in addition to other fees for the Learning Institutes or Annual Meeting events and must be paid by 12 noon on November 10.

Access to hundreds of Annual Meeting voice and PowerPoint presentations. See page 4 for details.

Online Session Presentation Recordings

E-sentialLearning

APHA Member Registration Fees:

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<th>Category</th>
<th>Early-Bird</th>
<th>Full On-Site</th>
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TOTAL REGISTRATION FEE: $__________

STEP 5: Online Session Presentation Recordings

Access to hundreds of Annual Meeting voice and PowerPoint presentations. See page 4 for details.

Early-Bird/Full On-Site

1. Scientific Session/Poster Presenter (Abstract ID # __________)
   - $50

2. Non-presenting Members
   - $75

3. Non-members
   - $130

TOTAL E-sentialLearning FEE: $__________

STEP 6: Non-Public Health Guest

Limit one guest (not working in public health) per registrant. Guests may not present papers, earn CE credit or access E-sentialLearning or Public Health CareerNet.

Early-Bird/Full On-Site

1. Member Registration Fee
   - $260

2. Non-Member Student*
   - $295

TOTAL NON-PUBLIC HEALTH GUEST FEE: $__________

STEP 7: Continuing Education

Check the CE or CME type(s). Fees are $50 for the first CE type, $10 for each additional type. E-sentialLearning on the Annual Meeting registration form.

CE Type

1. CH—Health Education (CHES)
2. CH—MCH
3. CPH—Certified in Public Health
4. MCH—MD or DO only
5. OP—Other Professional (any discipline)

TOTAL CE FEES: $__________

To take advantage of online integrated registration and housing technology!

Register online at www.apha.org/meetings/registration

Register Early & Save!

Advance registration is recommended for your convenience and to avoid possible delays when registering on-site in Denver.

Register online at www.apha.org/meetings/registration.com.

Name badges, tickets, and other Annual Meeting information will be mailed to US and Canadian advance registrants approximately 3 weeks prior to the APHA Annual Meeting. International advance registrants will receive general meeting information only—badges will not be mailed, but can be picked up on site in the APHA registration area at the Colorado Convention Center.
### APHA Hotels

<table>
<thead>
<tr>
<th>Hotel Name</th>
<th>Address</th>
<th>Single</th>
<th>Double</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comfort Inn Downtown Denver</td>
<td>401 17th Street</td>
<td>$155</td>
<td>$170</td>
<td></td>
</tr>
<tr>
<td>Crowne Plaza Denver</td>
<td>1450 Glenarm Place</td>
<td>$159</td>
<td>$159</td>
<td></td>
</tr>
<tr>
<td>The Curtis</td>
<td>1405 Curtis Street</td>
<td>$189</td>
<td>$189</td>
<td></td>
</tr>
<tr>
<td>Denver Marriott City Center</td>
<td>1701 California Street</td>
<td>$205</td>
<td>$285</td>
<td></td>
</tr>
<tr>
<td>Downtown Denver Courtyard</td>
<td>934 16th St.</td>
<td>$174</td>
<td>$174</td>
<td></td>
</tr>
<tr>
<td>Grand Hyatt Denver</td>
<td>1750 Welton Street</td>
<td>$199</td>
<td>$199</td>
<td></td>
</tr>
<tr>
<td>Hampton Inn &amp; Suites</td>
<td>1845 Sherman Street</td>
<td>$179</td>
<td>$189</td>
<td></td>
</tr>
<tr>
<td>Hilton Garden Inn</td>
<td>1400 Wesley Street</td>
<td>$195</td>
<td>$195</td>
<td></td>
</tr>
<tr>
<td>Hotel Monaco</td>
<td>1717 Champa Street</td>
<td>$195</td>
<td>$195</td>
<td></td>
</tr>
<tr>
<td>Hotel Teatro</td>
<td>1100 14th Street</td>
<td>$231</td>
<td>$213</td>
<td></td>
</tr>
<tr>
<td>Hyatt Regency Denver*</td>
<td>650 15th Street</td>
<td>$214</td>
<td>$214</td>
<td></td>
</tr>
<tr>
<td>Magnolia Hotel Denver</td>
<td>818 17th Street</td>
<td>$189</td>
<td>$189</td>
<td></td>
</tr>
<tr>
<td>Sheraton Denver</td>
<td>1550 Court Place</td>
<td>$189</td>
<td>$189</td>
<td></td>
</tr>
<tr>
<td>Warwick Hotel</td>
<td>1776 Grant Street</td>
<td>$212</td>
<td>$212</td>
<td></td>
</tr>
<tr>
<td>Westin Tabor Center</td>
<td>1672 Lawrence Street</td>
<td>$209</td>
<td>$209</td>
<td></td>
</tr>
</tbody>
</table>

### STEP 8: APHA Summit on Health Reform

- **SAT, 11/06/10, 8:30 am–5:00 pm.** Refer to page 8 for details. Space is limited and pre-registration is required.

### STEP 9: Learning Institutes

Refer to list provided on page 9 and indicate the Institute number (#) and associated fee(s) below.

<table>
<thead>
<tr>
<th>Institute #</th>
<th>Title</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL LI FEES (Saturday + Sunday) = $**

### STEP 10: Ticketed Food Functions

Tickets must be purchased in advance and are non-refundable.

<table>
<thead>
<tr>
<th>Section</th>
<th>Date</th>
<th>Time</th>
<th>Type</th>
<th># of Tickets</th>
<th>Cost</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>T1</td>
<td>11/08/10</td>
<td>12:30-2:00 pm</td>
<td>MDH Martha May Eliot Luncheon</td>
<td>x</td>
<td>$47</td>
<td></td>
</tr>
<tr>
<td>T2</td>
<td>11/09/10</td>
<td>8:00-9:45 am</td>
<td>Helen Rodriguez-Trias Breakfast</td>
<td>x</td>
<td>$39</td>
<td></td>
</tr>
<tr>
<td>T3</td>
<td>11/09/10</td>
<td>12:30-2:00 pm</td>
<td>Occupational Health Box Lunch</td>
<td>x</td>
<td>$52</td>
<td></td>
</tr>
<tr>
<td>T4</td>
<td>11/09/10</td>
<td>12:30-2:00 pm</td>
<td>Public Health Nursing Luncheon</td>
<td>x</td>
<td>$54</td>
<td></td>
</tr>
<tr>
<td>T5</td>
<td>11/09/10</td>
<td>7:00-10:00 pm</td>
<td>Black Caucus Awards Dinner</td>
<td>x</td>
<td>$77</td>
<td></td>
</tr>
<tr>
<td>T6</td>
<td>11/10/10</td>
<td>12:30-2:00 pm</td>
<td>International Health Luncheon</td>
<td>x</td>
<td>$47</td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL TICKET FEES:**

### STEP 11: Live in Concert! Aaron Neville

**SUN, 11/07/10, 6:30 pm.** Tickets are $15/person, are non-refundable, and are available on a first-come, first-served basis. More information at [www.apha.org/meetings](http://www.apha.org/meetings)

**TOTAL # OF TICKETS @$15 EACH = $**

### STEP 12: Help Us Help Them

Please join in the effort to give something back to our host city charity.

☐ Yes, I want to donate $10 to Padres Unidos.

**padresunidos.org**

**TOTAL DONATION:**

### ANNUAL MEETING REGISTRATION

**ADVANCE REGISTRATION FORM page 2**

**STEP 13: Payment Summary**

- **Membership Dues—New and Renewal (Step 3):**
- **Registration Fees (Step 4):**
- **E-essentialLearning Fees (Step 5):**
- **Non-Public Health Guest Registration (Step 6):**
- **Continuing Education (Step 7):**
- **APHA Summit on Health Reform (Step 8):**
- **Learning Institutes (Step 9):**
- **Ticketed Food Functions (Step 10):**
- **Aaron Neville in Concert (Step 11):**
- **Help Us Help Them (Step 12):**

**TOTAL REMITTED:**

### Cancellation Policy

- Notice of cancellation must be received in writing at APHA / J. Spargo & Associates
- Email: apharegistration@jspargo.com, fax to (703) 631-6288 no later than October 8, 2010.
- Any mailed badges must be returned to J. Spargo & Associates, before refund can be processed.
- No meals are included in the registration fee.
-培梅<thead>已确认</thead>
HOTEL RESERVATION FORM

American Public Health Association

REGISTER ONLINE! Complete your online meeting registration and your contact information will be prepopulated on your online hotel reservation form: www.apha.org/meetings/housing.

Instructions

Reservations can be made between October 1, 2010, and October 14, 2010, by choosing one of the following methods:
- INTERNET Book online at www.apha.org/meetings/housing to receive instant confirmation.
- FAX Send a completed form, one copy per room, to (703) 631-6288.
- MAIL Send a completed form to APHA Housing Services, c/o J. Sparge & Associates, 11208 Waples Mill Rd, Suite 112, Fairfax, VA 22030.
- TELEPHONE Call the APHA Housing Services (J. Sparge & Associates), 8:30 am–5 pm EST, Monday–Friday, closed government holidays at: (866) 871-5085 (toll-free); (703) 449-6418 (international)

Confirmations

Confirmations will be sent after each reservation booking, modification and/or cancellation. Review it carefully for accuracy. If confirmation is not received via email, fax or mail within 5 days after any transaction, please contact the APHA Housing Services at (866) 871-5085.

Room Rates/Taxes

- To take advantage of the discounted APHA convention rates, reservations must be made by October 14, 2010. After this date the official APHA blocks will be released and the hotels may charge significantly higher rates.
- All rates are per room per night and are subject to a tax rate of 14.85% (subject to change).
- When making a reservation, please provide room, bedding preferences and special requests on this form. The hotels will assign specific room types upon check-in, based on availability. Please be advised that requests are not guaranteed.

Cancellation Policy

- All hotel cancellations must be made in writing to the APHA Housing Services no later than 5 pm EST, October 28, 2010 (email to aphiahousing@jsparge.com or fax to (703) 631-6288).
- After October 28, 2010, please contact the hotel directly to cancel or modify your reservation.
- If a reservation is cancelled less than 72 hours from confirmed arrival, or not cancelled at all (no-show), the hotel will charge a penalty equal to one night of room and tax charge.

Reservation Guarantee

A credit card guarantee (preferred method) or a deposit check in the amount of $200 is required with each reservation. A credit card guarantee is required for online reservations. Credit cards used to guarantee reservations will be charged if reservations are not cancelled less than 72 hours from arrival or if guest is a no-show.

Hyatt Regency Denver:

- APHA Committee on Affiliates
- Committee on Women’s Rights
- Publication Board/APHA
- Science Board
- World Federation of Public Health Associations Academic Public Health Caucus
- Academic Public Health Caucus
- Alcohol, Tobacco and Other Drugs
- Alternative and Complementary Health Practices
- Asian American Indian, Alaska Native and Native Hawaiian Caucuses
- Asian and Pacific Islander Caucuses
- Black Caucus of Health Workers
- Breastfeeding Forum
- Caucus on Homelessness
- Caucus on Refugees and Immigrant Health
- Chicano Health Care
- Epidemiology
- Ethics SPG
- Family Violence Prevention
- Genomics Forum
- Health Equity and Public Health Caucuses
- Health Informatics Information Technology (HIIT)
- Health Law Forum
- Injury Control and Emergency Health Services
- Oral Health
- Pediatric Health
- Social Work
- Vision Care
- Women’s Caucus
- Veterinary SPG

Hotel Reservations Must Be Made Through APHA Housing Services

www.apha.org/meetings/housing

Reserve your room on line at www.apha.org/meetings/housing. APHA attendees are able to view hotel photos and details on the APHA housing web site. Register for the meeting and make your hotel reservation early to get the hotel of your choice. Credit card guarantee is required for online reservations. Credit cards used to guarantee reservations will be charged if reservations are not cancelled less than 72 hours from arrival or if guest is a no-show.

Attendees must make their hotel reservations through APHA Housing Services in order to confirm discounted rates at the official APHA Annual Meeting hotels and complimentary shuttle bus service to the convention center.

Colorado Convention Center:

- Hyatt Regency Denver:
- Denver Art Museum

Hotel Reservations Must Be Made Through APHA Housing Services

www.apha.org/meetings/housing

APHA offers an online Roommate Locator service for those attendees looking to share hotel rooms/expenses. To access the Roommate Locator simply log onto www.apha.org/meetings/housing to register and/or search for a roommate. It is the responsibility of potential roommates to contact each other directly and to make appropriate hotel reservations through APHA Housing Services.

2010 Guide to Location of APHA Sections, Special Primary Interest Groups, Caucuses, Forums & Other Items of Interest

American Public Health Association

REGISTER ONLINE! Complete your online meeting registration and your contact information will be prepopulated on your online hotel reservation form: www.apha.org/meetings/housing.

Instructions

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- INTERNET Book online at www.apha.org/meetings/housing to receive instant confirmation.
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- If a reservation is cancelled less than 72 hours from confirmed arrival, or not cancelled at all (no-show), the hotel will charge a penalty equal to one night of room and tax charges.
The School of Community Health in the College of Urban and Public Affairs at Portland State University is seeking applications for an assistant (tenure-track) faculty position. Candidates must have an earned doctorate (or be in the final stages of their degree) in public health or a related field and have research and teaching skills in one or more of the following areas: community health, program planning and evaluation, disease prevention, health care systems, health disparities, women’s health, gerontology, and physical activity. See full position announcement at www.pdx.edu/hr/employment.

Applicants should submit a letter of interest, names and contact information for four professional references, and curriculum vitae to:

Carlos J. Crespo, DrPH  
c/o Elizabeth Bull  
Assistant to the Director  
School of Community Health  
Portland State University  
PO Box 751  
Portland, OR 97207-0751

Portland State University is an Affirmative Action/Equal Opportunity Institution and welcomes applications from diverse candidates and candidates who support diversity.

The UNC Lineberger Comprehensive Cancer Center seeks a tenure-track faculty member to lead the Population Sciences programs at our NCI-funded Comprehensive Cancer Center. The UNC Lineberger is looking for a leader to build on current excellence and bring the Cancer Center to the very top rank in cancer population sciences research. Applicants must have an established research program in a relevant area, as well as a broad perspective on cancer epidemiology, prevention and control, and outcomes. Leadership and teaching experience are preferred. Appointment and rank in an academic department (School of Public Health, Medicine, Nursing, etc) will be determined by the applicant’s qualifications.

Applicants must submit curriculum vitae, a description of research plans, and names and contact information of four references online at jobs.unc.edu/2500106.

The University of North Carolina at Chapel Hill is an equal opportunity/ADA employer. Women and minorities are encouraged to apply.

Get Involved in APHA’s PHACT Campaign

Put Public Health in Action!
APHA is mobilizing our members and affiliates to meet with legislators on key public health issues.

Download APHA’s Action Toolkit.

You Can Make A Difference!
Materials at: www.apha.org/advocacy

NEW RELEASE!

Essentials of Global Community Health

By Jaime Gofin, MD, MPH; Rosa Gofin, MD, MPH

Through a unique approach known as Community-Oriented Primary Care and Community-Oriented Public Health, this book looks at community health as the convergence of the individual orientation of clinical medicine and the population orientation of public health.

Through international case studies and an examination of key strategies, your students will be stimulated to consider community health not simply as technique but as a systematic approach for identifying the needs of a population and selecting interventions to reduce health disparities.

Copublished with Jones & Bartlett Learning

ORDER TODAY!

ISBN 978-07637-3298
375 pages, softbound, 2011
$65.65 APHA Members (plus s&h)  
$72.95 Nonmembers (plus s&h)
The Faculty of Medicine invites applications for the second Markin Chair in Health and Society. The Chair will build on a decade of success in the area of population health research, with evidence for policy-makers and support for transformative and preventive interventions, while advancing research capacity within the Department of Community Health Sciences. Population Health Intervention Research (PHIR) uses scientific methods to produce knowledge about policy and program interventions that operate both inside and outside the health sector to impact health at the population level. The Chair will be a member of the Population Health Intervention Research Centre, which is a cornerstone of the newly established Calgary Institute for Population and Public Health.

The successful candidate will have developed a highly regarded research program that firmly aligns with PHIR and a proven track record of initiating and/or evaluating population-level interventions. Applicants must be motivated to improve the health of diverse populations and society through research supporting everyday lives. This vision must be driven by leadership skills including effective knowledge translation and mentorship. Preferred areas of PHIR include aboriginal health, ecosystem health, global health, reducing health inequities, and health promotion.

Outstanding individuals with other PHIR interests are also encouraged to apply. The successful candidate will hold an MD/MPH, MD/PhD or PhD equivalent and be qualified for an appointment at the rank of Associate or Full Professor. The Chair will be appointed to the Faculty of Medicine, with a primary appointment in the Department of Community Health Sciences. Joint appointments within the Faculty of Medicine or with other faculties will depend upon the appointee’s research interests and activities. The appointment will be for a five-year term, renewable upon satisfactory review and availability of adequate funding.

The Faculty of Medicine has more than 500 full-time faculty members and is a leader in health research with an international reputation for excellence and innovation. The newly constructed Teaching, Research and Wellness building is home to the Department of Community Health Sciences and the Health Research Innovation Centre which provides state-of-the-art training and research facilities. The Department’s graduate program is one of the largest on campus.

Calgary is a vibrant, progressive city of more than one million people and is the gateway to the Canadian Rocky Mountains. The city is family-oriented, providing excellent schools, affordable housing and a solid economy. Recreational facilities are excellent and easily accessible in the city, plus, the many internationally renowned outdoor sports facilities in Banff, Canmore and Lake Louise are only 75 minutes away by car. Review of applications will begin September 15, 2010, and continue until the position is filled. Please submit a curriculum vitae, description of Population Health Intervention Research program, and vision for the Chair statement (two pages) along with the names of three academic references and three stakeholder referees who can attest to the intervention impact of the applicant’s research to:

Manager of Chairs, Professorships and Endowments
Myra Miller
Office of the Associate Dean, Basic Research
5E26, TRW Building
3280 Hospital Drive NW
Calgary, AB, T2N 4Z6
millery@ucalgary.ca

www.ucalgary.ca

MARKIN CHAIR IN HEALTH AND SOCIETY

Senior Health Services Researcher

The Department of Research and Evaluation at Kaiser Permanente Southern California (KPSC) is recruiting candidates for a Senior Health Services Researcher (Professor equivalent). This is a position for an established, academic track faculty in health service research. The Senior Health Services Researcher is expected to lead the health service research program at KPSC and address a wide range of research questions related to improving quality of health care, such as the comparative effectiveness of delivery systems; patient education; patient-centered care; health care for ethnic minorities, children, elderly, and other special populations; as well as health care access, utilization, and cost of care. The research program should be geared towards translation of results directly to patient care. The Senior Health Services Researcher may also serve as the Associate Director, who will assist the Director of Research at the Department of Research and Evaluation in overseeing department operation, supervision/mentoring, and the development of the research programs.

QUALIFICATIONS: Doctoral Degree (Ph.D., Dr. PH, MD, Sc.D) in health service research, epidemiology, health economics or related fields or equivalent training and mastery. Competent in advanced research methods, including statistical techniques and study design commonly used in health services research, epidemiologic, behavioral, economics or related fields. At least 10 years of experience in health services research are required. Proven success in the academic environment with an established track record in extramural grant funding, scientific publications and mentoring junior investigators required. Must be able to consistently demonstrate the knowledge, skills, abilities, and behaviors necessary to provide superior and culturally sensitive service to each other and to our members.

DUTIES: The Senior Health Services Researcher has primary responsibility for the planning and directing health services research activities as well as dissemination and translation of results. Reports to the Director of Research. Prepares internal reports and peer-reviewed publications, independently and collaboratively. Present at national scientific meetings. Teaches and/or reviews papers for national and international journals. Evaluates and consults on research proposals. Supervises the activities of junior research scientists or postdocs. Serves as mentor and collaborator on grant proposals of junior research scientists and postdocs. Designs, develops, and directs well defined research. Provides service to the scientific community through membership in peer-review groups and national boards. May consult with local, state and national voluntary and governmental agencies. Provides consultation and direction to programmers and biostatisticians with regard to data management and analysis strategies. Maintains awareness of scientific developments within his/her area of expertise, both in terms of new methodology, new research activities and in terms of identification of competent, potential investigators. Consistently supports compliance and the Principles of Responsibility (Kaiser Permanente’s Code of Conduct) by maintaining the privacy and confidentiality of information, protecting the assets of the organization, acting with ethics and integrity, reporting non-compliance, and adhering to applicable federal, state, and local laws and regulations, accreditation and licenser requirements (if applicable), and Kaiser Permanente’s policies and procedures. In addition to defined technical requirements, accountable for consistently demonstrating service behavior and principles defined by the Kaiser Permanente Service Quality Credo, the KP mission as well as the specific departmental/organizational initiatives.

This hard-money funded position will include a core support package for the successful applicant that can be used to conduct pilot studies that leverage existing infrastructure to facilitate the development of an extramurally funded research program. This support includes staffing for administrative tasks, programming and analysis, and research support as well as modest funding for non-personnel-related costs.

A description of the Department of Research & Evaluation is available on the web (http://kp.org/research). It is the home to 18000 full-time equivalent researchers and over 15000 support staff. The Department is located in Pasadena, a community of 134,000 residents and the home of the California Institute of Technology, the Rose Bowl, the Jet Propulsion Lab, and other historical and cultural sites. Information about the community can be found on-line at www.pasadenacal.com/visitors.htm. Pasadena is in the San Gabriel Valley 15 minutes north of downtown Los Angeles in sunny southern California. Kaiser Permanente Southern California is an Equal Opportunity/Affirmative Action Employer and offers competitive salary and comprehensive benefit packages.

Interested candidates should submit their letter of interest, CV and references to Dr. Steven J. Jacobsen (c/o Jennifer.X.Wong@kp.org). Principals only.
FACULTY POSITIONS

Fay W. Boozman College of Public Health (COPH) • University of Arkansas for Medical Sciences (UAMS)

FIVE TENURE-TRACK, 12-MONTH FACULTY ARE SOUGHT TO FILL THE FOLLOWING POSITIONS:

CHAIR, DEPARTMENT OF EPIDEMIOLOGY

ASSISTANT/ASSOCIATE PROFESSOR WITH FOCUS ON TOBACCO RESEARCH

ASSISTANT/ASSOCIATE PROFESSOR OF HEALTH POLICY AND MANAGEMENT

ASSISTANT/ASSOCIATE PROFESSOR OF BIOSTATISTICS

ASSISTANT/ASSOCIATE PROFESSOR OF ENVIRONMENTAL AND OCCUPATIONAL HEALTH

The COPH was established in 2001 with part of the state's tobacco settlement funds and was quickly accredited in 2004. The College enjoys close relationships with all state departments (the only health department in the state) and human services agencies and the UAMS Colleges of Medicine, Pharmacy, Nursing, and Health Related Professions as the state's only academic health sciences center. Strong opportunities for collaboration exist with UAMS’ academic units and centers of excellence: Winthrop P. Rockefeller Cancer Institute, Donald W. Reynolds Institute on Aging with seven satellite Centers on Aging spanning the state, Stephens Spine Institute, Psychiatric Research Institute, Myeloma Institute for Research and Therapy, and the NIH-funded Clinical and Translational Research Center. UAMS’ statewide presence is enhanced through eight regional Area Health Education Centers (AHECs) and strong relationships with other Arkansas academic campuses. The COPH also has established four centers to focus research and educational programs: Center for the Study of Tobacco Addiction, Center for the Study of Obesity, the NIH-funded Arkansas Center for Health Disparities, and the CDC-funded Arkansas Prevention Research Center.

All applicants should have a relevant doctoral degree, a strong research record of publications commensurate with rank with either a record of extramural funding or evidence of ability to develop a funding record. Successful applicants will seek part of a recently-established but rapidly-growing college with a mandate to conduct education and research supporting health improvement. Salary and benefits are competitive and include a generous incentive program.

All applicants should send a cover letter outlining their background and interests and a CV, and request three individuals to send letters of recommendation. All applications, inquiries and nominations should be directed to: Faculty Search Committees, Fay W. Boozman College of Public Health, University of Arkansas for Medical Sciences, 4301 W. Markham St., #820, Little Rock, AR 72205; COPHFacultySearch@uams.edu.

CHAIR, DEPARTMENT OF EPIDEMIOLOGY: A Chair is sought to develop the Department. In addition to a strong research record, relevant academic and teaching experience is desirable to guide the department’s faculty in developing research, teaching and service programs. A start-up package for the position will include resources to support the development of the department including hiring additional faculty. Plans are to expand the department’s educational programs from its current MPH concentration to include also MS and PhD programs within five years. Preference will be given to candidates with a doctoral degree in epidemiology or a doctoral degree in related area with MPH and substantial experience in epidemiology. Inquiries may also be directed to: Paula Roberson, PhD, EPICChairSearch@uams.edu.

ASSISTANT/ASSOCIATE PROFESSOR FOCUSED ON TOBACCO RESEARCH: The primary content area for the position is research on tobacco addiction mechanisms and its treatment, prevention and/or policy implications. Appointment will be either in the Department of Health Policy and Management or Department of Health Behavior and Health Education, depending on qualifications of the successful candidate, with membership in the Center for the Study of Tobacco Addiction. Experience in behavioral economics and/or contingency management is also desirable. Inquiries may also be directed to: Warren K. Bickel, Ph.D., wbickel@uams.edu.

ASSISTANT/ASSOCIATE PROFESSOR OF ENVIRONMENTAL AND OCCUPATIONAL HEALTH: Applicants are sought for a position to contribute to the department’s programs involving the organization, financing, and delivery of health services. Candidates should also be qualified to teach graduate-level courses in health policy and health services administration, with expertise in finance or economics strongly desirable. The successful candidate will become part of a multidisciplinary department that offers accredited MPH, MHSA, and PhD degree programs and supports a college-wide DrPH in public health leadership. The department has a rapidly growing portfolio of research that includes studies in health economics, health disparities, rural health, public health delivery systems, long-term care and quality improvement. Inquiries may also be directed to: Glen P. Mays, Ph.D. (Attn: Marcy Havelka), HavelkaMarcyj@uams.edu.

ASSISTANT/ASSOCIATE PROFESSOR OF BIOSTATISTICS: As the statistical collaborator with various multi-disciplinary research programs across campus, the individual in this position will provide expertise in study design and data analysis. The successful applicant will be expected to teach and to maintain a productive research record through active collaborative research and/or grant-supported methodological research. Qualifications include a doctorate in biostatistics or statistics, strong commitment to collaborative research and statistics education, and excellent communication skills. Inquiries may also be directed to: Paula Roberson, PhD, BiostatSearch@uams.edu.

ASSISTANT/ASSOCIATE PROFESSOR OF ENVIRONMENTAL AND OCCUPATIONAL HEALTH: Candidates should have an earned doctorate degree in environmental health or related discipline with strong research qualifications. Specialization area of environmental or occupational health is open and includes, but is not limited to, injury prevention, environmental impact of obesity and obesity prevention, exposure assessment, gene-environment interactions, and environmental community health. Laboratory or community-based and other translational approaches are welcome. The successful candidate will support an MPH specialization program and a MS program in Occupational and Environmental Health. Inquiries may also be directed to: Jay Gandy, PhD, jgandy@uams.edu.

Arkansas, “The Natural State,” has a moderate, four-season climate, and outstanding outdoor recreational opportunities, including camping, hiking/climbing, canoeing and other water sports, fishing and hunting. Little Rock, Arkansas’ capital city, is at the state’s geographic center and offers the relaxed lifestyle of a smaller city with the cultural, entertainment, shopping, and dining options of a larger city. Applications will be accepted until positions are filled.

UAMS is committed to equal opportunity, affirmative action and the diversity of faculty and staff. Women and minorities are strongly encouraged to apply.
The Department of Social and Behavioral Health of the Virginia Commonwealth University School of Medicine seeks applicants for Graduate Program Director for a new doctoral program and accredited MPH track in Social and Behavioral Health. The position is a permanent, non-tenure track administrative and teaching position at the instructor/assistant professor level. The appointee's administrative responsibilities will include overseeing all matters relevant to the recruitment, admission and progress of students in the department's MPH track and doctoral program, including development of policies and procedures to guide the management and educational mission of the track and program. The appointee will supervise a graduate program coordinator, collaborate with the department chair and faculty on curricular refinements and innovations, make recommendations regarding the adoption of educational technologies and other resources, and assist with grant applications to develop training programs. The appointee will also teach 2-3 graduate level courses a year.

The successful applicant will have a doctoral degree in social and behavioral health, community health, health education, or the equivalent. We seek applications from individuals who are committed to teaching and providing leadership and administrative support for graduate educational programs in a new and rapidly growing department with strong research and teaching missions.

The Department of Social and Behavioral Health (http://www.behavioralhealth.vcu.edu/) at VCU is located in Richmond on the VCU medical school campus. This urban setting is in easy walking distance of the Virginia Department of Health, the State Legislature, VCU's teaching hospital, and the James River. The City of Richmond boasts historic architecture and a moderate cost of living, and is just 90 minutes south of Washington, DC, west of the Atlantic Ocean and east of the mountains of the Blue Ridge Parkway.

Consideration of application materials will begin in September and continue until the position is filled.

Applications from individuals who are committed to teaching and providing leadership and administrative support for graduate educational programs in a new and rapidly growing department with strong research and teaching missions are encouraged to apply.

Applicants will be reviewed as they are received and recruitment will continue until the position is filled. Interested applicants should send curriculum vitae, including detailed funding history, a letter describing research interests and qualifications and names (with complete contact information) and addresses of three individuals at or above the proposed rank of appointment, outside of the University of Pittsburgh, who can provide references (Please note: At least three additional letters will be required from referees identified INDEPENDENT of those provided by the candidate)—sent to:

Steven M. Albert, PhD
Professor and Chair, Search Committee
Department of Behavioral and Community Health Sciences
c/o Edi M. Bernardon, Administrator
214 Parran Hall
Graduate School of Public Health
130 Desoto Street
University of Pittsburgh
Pittsburgh, PA 15261

The University of Pittsburgh is an affirmative action/equal opportunity employer: Women and Minorities are encouraged to apply.
Letters policy for The Nation’s Health:
The Nation’s HEALTH accepts letters to the editor from readers. Letters must be no longer than 300 words and may be edited for length and clarity. They must be signed (include city and state of residence) and include a daytime telephone number. Full details are online at www.thenationshealth.aphapublications.org/site/misc/submit_letters.xhtml. E-mail letters to nations.health@apha.org.

New APHA staff join conventions, publications, communications staff

APHA gained new additions to its staff in recent months. The new staff members, who work at APHA’s headquarters in Washington, D.C., are:
• Erin Lyons, meetings and exhibits coordinator;
• Sean McTavish, web manager;
• Leslie Parks, senior program manager for school health;
• Audrey Pernik, communications specialist;
• Suku Powers, MPH, director of development;
• Eloisa Raymault, MS, program manager for transportation, health and equity; and
• David Stockhoff, book production coordinator.

In other staff news, Maya Ribault, who works in APHA’s Publications Department, was promoted to junior associate production editor for APHA’s American Journal of Public Health; and Kimberly Moore, MHA, who works in the Affiliate Affairs Department, was promoted to deputy director of the department.

Terri Wright, MPH, has joined APHA as a consultant, serving as director of APHA’s Center for School, Health and Education. To reach APHA staff, visit www.apha.org/about/board/aphastaff.
The Esri Health GIS Conference brings health and human services professionals together to exchange ideas about how geographic information system (GIS) technology is improving health around the world. You are invited to join your colleagues from hospitals and health systems, public health, managed care, academic health, defense health, and human services organizations to explore the major contributions of GIS in shaping global health.

**Join Us**
- Learn how your health organization can benefit from GIS technology.
- Attend paper sessions to see firsthand how others are using GIS in their work.
- View the latest GIS applications and tools during technical demonstrations.
- Network with your peers and Esri staff throughout the conference.

**Keynote Speaker**
*Broadband and the Internet: Moving Health Forward*
Michael Byrne, Geographic Information Officer, Federal Communications Commission

**Featured Speaker**
*Mapping Social Services*
Amy Hillier, M.S.W., Ph.D., Assistant Professor, PennDesign Department of City and Regional Planning

To register, visit [www.esri.com/healthgis](http://www.esri.com/healthgis).