Prevention strategy to be released
Public health council shifts national focus to prevention

A UNPRECEDENTED federal plan to shift the nation from its present sick-care system to one based on prevention and wellness goes into motion this month.

With the much-anticipated release of the National Prevention and Health Promotion Strategy, prevention will move to the forefront of the nation's efforts to improve health.

To be released late this month by the National Prevention, Health Promotion and Public Health Council — the federal body created under last year's health...
**APHA ADVOCATES**

Recent actions on public health by APHA

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**APHA takes a stand against smog**

In taking steps to regulate smog, the Environmental Protection Agency will save thousands of lives, APHA said in November.

In a letter to EPA, APHA emphasized that smog is toxic to public health, in particular to young children, senior citizens, and people with lung diseases.

"Science should be our guide, and there’s no doubt that adopting a stronger standard will protect health and save lives," said APHA Executive Director Georges Benjamin, MD, FACP, FACEP (E).

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**Better soda labels needed, APHA says**

The Food and Drug Administration should require soft drink companies to place health notices on bottles of soda and other sugary drinks, APHA said in January.

In a letter to FDA, APHA and other health advocates encouraged Commissioner Margaret Hamburg to require a rotating series of messages on labels of sugar-sweetened drinks warning the consumer of the risks of weight gain, obesity, diabetes, and other health problems.

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**APHA seeks increased vehicle safety**

APHA encouraged the Senate to take up and pass the Motor Vehicle Safety Act of 2010 in the waning days of the 111th Congress in December.

In a letter to senators, APHA called the legislation, S. 3302, "a commonsense bill which will remedied serious safety problems and oversight issues."

The advocates called for label messages that would warn against the obesity and disease risks of drinking sugary drinks, promote water and draw attention to calories.

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**APHA opposes bill repealing health reform**

APHA was part of a coalition of planning and health officials who drafted principles aimed at improving the health and sustainability of food systems.

The result, “Principles of a Healthy Food System,” was written to support socially, economically, and ecologically sustainable food systems that promote health. The principles were released in January.

The food we eat and how we grow, produce, market and distribute it have enormous implications for the public’s health,” said APHA Executive Director Benjamin, MD, FACP, FACEP (E).

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**APHA encourages sustainable foods**

APHA Executive Director Benjamin, MD, FACP, FACEP (E).

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**APHA joins dozens of groups at a rally opposing health reform repeal.**

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**APHA was organized by the American Planning Association.**

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**Repealing the Affordable Care Act**

Would seriously undermine efforts to protect public health, APHA said in January.

At a rally at the U.S. Capitol, APHA and dozens of public health and other organizations spoke out against H.R. 2, which would repeal the act and reverse improvements to the nation’s health system.

The bill, known as the Repealing the Job-Killing Health Care Law Act, passed in the House. On Feb. 2, the Senate defeated a similar measure that would have repealed the health reform law.

Even if the legislation had passed the Senate or House, President Barack Obama has said he would veto such repeals.

Among the benefits of the Affordable Care Act are mandatory funding for community-based prevention and wellness programs, insurance coverage for an additional 32 million uninsured Americans, bolstering of the public health work force and improvements in overall quality.

On Jan. 31, a judge in Florida struck down the Affordable Care Act as a whole, ruling that Congress did not have the right to require Americans to purchase health insurance.

The Justice Department has said it will appeal to the U.S. Court of Appeals for the 11th Circuit.

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**APHA was organized by the American Planning Association.**

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**Other groups opposing the repeal included AIDS United, the American Diabetes Association, the American Federation of State, County and Municipal Employees, Center for American Progress, National Alliance on Mental Illness and Prevention Institute.**

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APHA was organized by the American Planning Association. Collaborations among the coalition organizations will enable greater communication and coordination between the nutrition, nursing, public health and planning professions, participants said. The coalition plans to build on the principles by continuing to advocate for improved food systems.

To take action on behalf of public health, visit www.apha.org/advocacy/activities.

— Charlotte Tucker
Electronic health information could help surveillance, prevent mistakes

I

In 2004, the Office of the National Coordinator for Health Information Technology was formed within the U.S. Department of Health and Human Services with the goal of supporting electronic health records for every person in the United States. In 2008, the office produced a strategic plan that called for secure management of electronic-based medical information to improve personal health and support population-oriented uses.

The American Recovery and Reinvestment Act of 2009 placed $2 billion into planning for health information exchanges, which allow health care information to be shared across systems. Some of the traditional reasons to increase movement toward robust electronic health records have been to decrease medical errors, particularly with e-prescribing; increase medical quality; and save costs, which has been loosely defined as eliminating duplicate services and improving efficiency.

To the extent that electronic medical records exist, they have been centered around hospital-based services and financial needs. At the moment, the largest repositories of electronic information of patient information are held in the health insurance industry. The public health community must advocate for population-based “meaningful use” components of personal health information.

Meaningful use of electronic health records could help speed the transition to e-prescribing, thus decreasing medical errors, and most ambitiously, encouraging better chronic disease management and increasing prevention activities.

Today, technology allows us to have an entirely different approach to surveillance. What happens if we link age of housing or residential building permits for renovations—which are major risk factors of childhood lead poisoning—with children who have not had a blood lead level drawn? If these links could happen easily and quickly, active surveillance would be much more efficient, and we might actually detect lead burdens in our children early.

If we can shake off our old methods of surveillance, the opportunities for health information exchanges are tremendous for public health. So many of our systems require tediously re-entering information into categorical databases—one for HIV/AIDS, one for tuberculosis, one for pediatric immunizations and on and on.

At the very least, public health should expect health information exchanges to allow for improved tracking of chronic diseases, facilitate better assessment of disease burdens, serve as a platform to help in monitoring clinical quality, and aid monitoring health inequities in communities.

We must explore what would happen if databases that track measures such as tax assessment, unemployment levels, housing foreclosures, land use, crime statistics, and workplace and environmental exposure were actually linked to physical health information. This will require new competencies on the part of public health staff. The real question public health needs to ask as we contemplate the opportunities presented by health information exchanges is “what would Google do?”

MILLIONS OF Americans are injured every year, and of that number, more than 170,000 die. During National Public Health Week in April, public health workers from across the United States will hold events aimed at reducing the toll of injuries and violence.

This year’s theme, “Safety is No Accident: Live Injury Free,” will focus on the small steps everyone can take to prevent injuries and live safer, healthier lives.

National Public Health Week will run from April 4–10, and using daily themes, will examine safety at home, at work, on the move and in the community.

“There are so many small things people can do to keep themselves and loved ones safe from injuries,” said APHA Executive Director Georges Benjamins, MD, FACP, FACEP (E). “National Public Health Week is the perfect opportunity to, in your word about injury prevention and personal safety.”

In previous years, National Public Health Week themes have included designing healthy communities, preparedness, obesity and climate change. The themes change year to year, tackling the most important public health issues of the day. For example, APHA focused on the need for preparedness following the Sept. 11, 2001, attacks. The rising tide of obesity led the Association to focus on that issue in 2003.

According to the 2011 National Public Health Week brochure, which is available online at www.nphw.org, “It only takes a moment for an injury to happen — a fall on a stair, a moment’s glance away from the road, a biking injury-related injury, a medication mis-prescription. But it also takes just a moment to protect against injuries and make communities safer."

As in previous years, organizers are encouraged to hold events highlighting the official theme, distributing materials to community members and reach out to the local media. Public health professionals are also urged to make advocacy a key component of their celebrations. During the week, organizers can visit APHA’s advocacy website at http://action.apha.org/takeaction, to send letters to their members of Congress on public health issues.

APHA is also offering a free toolkit for organizers of National Public Health Week events. The toolkit includes fact sheets, media outreach materials such as sample news releases, suggested editorial topics and sample radio public service announcements. APHA will provide tips for working with the traditional media as well as working with so-called “citizen journalists” and bloggers.

The toolkit also includes tips for managing National Public Health Week blogs and a list of injury prevention websites, including the American Institute of Poison Control Centers, National Safety Council, Prevention Institute and Safe States Alliance.

The website also offers a variety of logos and computer desktop wallpapers that can be used to promote the event.

APHA is encouraging the use of social media to spread the word about National Public Health Week events. APHA will be using Twitter, Facebook, Flickr and YouTube to spread information about the national observance and participants are encouraged to take advantage of the free tools as well.

National Public Health Week has its own Facebook page, which can be found by searching for “National Public Health Week” and on Twitter, at www.twitter.com/nphw, is now active and will be used for a Twitter “chat” event April 4.

National Public Health Week organizers are encouraged to visit www.nphw.org to submit their events to the nationwide calendar, share their personal public health stories, become an official National Public Health Week partner or sponsor or sign up to receive e-mail updates.

For more information, visit www.nphw.org, e-mail nphw@apha.org or call 202-777-2425.

Events to be featured in The Nation’s Health

An upcoming issue of The Nation’s Health will feature coverage of National Public Health Week events that were held across the country, and your news can be part of the publication. After the event is over, send the newspaper a short summary of the activities that took place—when they were held, who were involved, what the goals were and what was accomplished.

Up to five National Public Health Week photos are also welcome. If possible, digital photos should be provided at a resolution of 300 dpi. Digital photos should be sent as JPEG attachments to the e-mail.

Print photos can be mailed to The Nation’s Health, National Public Health Week submissions are due by Friday, April 22, and should be mailed to nphw@apha.org. Information may also be mailed to Editor, The Nation’s Health, 800 1 St. N.W., Washington, DC, 20001-3710.

The Nation’s Health will send extra copies of the issue to participants who send in their news, so be sure to include a mailing address.

For full details on submitting your National Public Health Week news to The Nation’s Health, visit www.thenationshealth.org.

— Charlotte Tucker

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Linda Rae Murray, MD, MPH
president@apha.org

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Toolkit, fact sheets, planning materials now available online

Make plans now for National Public Health Week

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APHA to help health departments improve capacity for policy, law

H EALTH departments that want to use laws and policies to meet their health improvement goals will soon be able to find help from APHA. Thanks to an infrastructure improvement grant from the Centers for Disease Control and Prevention, APHA will be providing assistance to select health departments to help them build their law and policy capacity. While the APHA assistance will be tailored to meet the specific needs of the health departments that are part of the CDC grant, the Association will be publicly sharing the case studies, fact sheets, and other resources it creates.

Health departments have asked for assistance on a number of topics, including model health laws and legal tools, as well as policy development, enforcement and evaluation. Health departments across the country are working to improve their capacity to address such issues as part of CDC’s National Public Health Improvement Initiative, which is funded by the Prevention and Public Health Fund created by last year’s Affordable Care Act.

The APHA law and policy resources, which will be released starting this spring, will include toolkits that health departments can use to improve their work. APHA was one of five public health groups funded by CDC under the infrastructure improvement grant. The others are the Association of State and Territorial Health Officials, National Association of County and City Health Officials, National Network of Public Health Institutes and Public Health Foundation. The organizations will provide support on health information technology, systems development and quality improvement, among other topics.

For more information, call 202-777-2456 or e-mail tia.taylor@apha.org. — Michele Late

New book highlights standards for preventing childhood obesity

TODAY, record numbers of children are tipping the scales in the obesity range. According to the U.S. Centers for Disease Control and Prevention, the percentage of obese 2- to 5-year-olds jumped almost 54 percent during the past three decades.

With a goal of preventing excessive weight gain in young children and reversing the trend, a new book of standards co-developed by APHA helps teachers and caregivers in early care and education programs build healthy lifestyles for generations to come. Released in November, “Preventing Childhood Obesity in Early Care and Education Programs” provides selected standards in three topic areas: nutrition, physical activity and screen time.

“Obesity is of an epidemic level nationwide,” said APHA member Marilyn Krajicek, EdD, RN, director of the Colorado-based National Resource Center for Health and Safety in Child Care and Early Education. “We must address it beginning in infancy to make a greater impact. This is prevention of major health problems that people across the country will be facing if we don’t watch our food intake and what we are eating.”

Fundied by the Child Care Bureau of the Department of Health and Human Services’ Administration for Children and Families, the standards were developed by APHA with the American Academy of Pediatrics and the National Resource Center for Health and Safety in Child Care and Early Education. The standards support key national campaigns for early development of healthy lifestyle habits, including first lady Michelle Obama’s Let’s Move! child obesity initiative.

Also available in Spanish online at nrckids.org, the standards are specifically designed to help early care and education programs, families and agencies develop and adopt safe and healthy practices, policies and procedures that form a foundation of fitness for children that will last a lifetime.

With practical intervention strategies to prevent excessive weight gain in young children, the standards, based on scientific evidence and expert consensus, address topics such as general nutrition requirements, meal and snack patterns, requirements for toddlers and preschoolers, meal service and supervision, food brought from home, nutrition education, active opportunities for physical activity, outdoor and indoor play time, caregivers’ and teachers’ encouragement of physical activity and screen time limits.

“Early care and education programs are the pivotal time to begin the process of intervention for obesity,” said Krajicek, who is a fellow of the American Academy of Pediatrics. “The goal is to make an impact to prevent health problems such as diabetes, stroke and heart disease.”

The standards in the new book were drawn from the third edition of “Caring for Our Children: National Health and Safety Performance Standards: Guidelines for Early Care and Education Programs,” scheduled for release this spring.

For more information or to order a copy, visit www.aphabooks.org or e-mail apha@pb.com. — reddi Dineley Johnson

Submissions sought for APHA’s eighth public health film festival

SOME OF the best public health films from around the country and world will be shown at APHA’s 139th Annual Meeting this fall, and now is the time to submit entries for consideration.

For the eighth year, APHA’s Public Health Education and Health Promotion Section is accepting submissions for its annual film festival. Organized by the Section’s Health Communications Working Group, the APHA Film Festival is touted as the nation’s first and only film festival dedicated to public health. Last year, 139 films were submitted and 500 attendees.

Selected films will be shown during the Annual Meeting, which will be held Oct. 29–Nov. 2 in Washington, D.C. Films should be created for audiences in the United States but do not need to be in English. Productions should be recent — no more than three years old — and must address a public health issue. Documentaries about global health issues are also sought for the international portion of the festival.

“Our goal is to get effective tools into the hands of people who are working hard to address our nation’s health problems,” said Gary Black, one of the organizers of the Film Festival.

The deadline for submissions is April 1. For more details or to submit an entry to the film festival, visit http://apha.confex.com/apha/139am/fil.htm. — Michele Late

APHA seeking theme ideas for 2013 meeting in Boston

A PHA members are invited to help decide the theme of APHA’s 2013 meeting in Boston. Each year, APHA’s Annual Meeting showcases the latest information in public health. Held each fall, every Annual Meeting has a central theme that is used to guide the event.

APHA members are called on to play their part in the development of the theme by letting the Association know what they think the overall focus should be.

The APHA Annual Meeting brings together tens of thousands of public health workers from across the nation and around the globe for scientific sessions, exhibits, educational opportunities and networking events. Recent APHA Annual Meetings have addressed topics such as social justice, water, politics, human rights, the environment, social determinants of health, disparities and global health.

This year’s meeting, to be held Oct. 29–Nov. 2 in Washington, D.C., will focus on “Healthy Communities: Promoting Healthy Minds and Bodies,” while the 2012 meeting in San Francisco will focus on “Prevention and Wellness Across the Lifespan.”

APHA’s Science Board will review all Annual Meeting theme submissions and present its recommendations to the Association’s Executive Board for review before forwarding them to the Governing Council at its fall 2011 meeting. While the Governing Council decides the overarching theme, the exact wording is determined by APHA marketing and conventions staff.

The theme is the foundation of the event and guides the meeting’s discussions and activities,” said Tia Taylor, MPH, APHA health policy analyst.

Annual Meeting 2013 theme ideas should be submitted with a brief rationale to tia.taylor@apha.org by March 25. For more information, call 202-777-2456. For more on the APHA Annual Meeting, visit www.apha.org/meetings. — Michele Late
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American Public University
Delegation explores health systems
APHA members travel to Cuba for insight on health strategies

TO LEARN more about Cuba's renowned health system, a delegation of APHA members traveled to Havana in November. The five-day trip featured visits to medical schools, hospitals, schools, research facilities and health care programs.

The trip provided a wealth of insight for 70 participants from a range of backgrounds, said Carmen Nevarez, MD, MPH, immediate past president of APHA.

"It was a very broad group," Nevarez said. "We had physicians, nurses, counselors, community organizers. It really represented the depth and breadth of our Association."

Adhering to a packed agenda, the delegation visited numerous health facilities, including the National School of Public Health, the Center for the Prevention of Sexually Transmitted Infections and HIV/AIDS, the National Oncology Institute, the Latin American Medical School, an ophthalmological hospital, a vaccine research and development facility and a health care program for victims of the Chernobyl nuclear disaster.

Members also visited four 'polyclinics.' Hailed as a cornerstone of Cuba's health system, the community-based clinics provide comprehensive primary care targeted to a community's needs.

"Cuba is an island of very limited resources," Nevarez said. "But they have achieved some of the highest international health status in the world because they have integrated community action and support into their health system and have made health care and prevention broadly accessible to all social groups. Internationally, they are regarded as a very healthy country."

A focus on prevention, primary care and community services — combined with a physician-to-population ratio that is one of the highest in the world — place Cuba's health indicators in a close match with those of the United States. According to the World Health Organization, life expectancy and infant mortality rates in the island nation closely parallel those of the United States.

The trip offered "an incredible opportunity" to visit key components of the Cuban health system and engage in direct dialogue with Cuban public health and primary care colleagues, said trip co-leader Mary Maddux-Gonzalez, MD, MPH, an APHA member.

"The trip provided many valuable lessons that can help to inform our strategies to improve the health of our communities here in the United States," said Maddux-Gonzalez, director of the Sonoma County, Calif., Department of Health Services.

Another trip to Cuba is planned for this spring. For information, call 202-777-2506, or e-mail vina.maddux@apha.org. — Teddi Dintley Johnson

Peer reviewers sought for APHA's Journal

A PHA is seeking public health professionals who would like to serve as peer reviewers for its renowned American Journal of Public Health. Each year, APH uses hundreds of peer reviewers to evaluate scientific studies that are being considered for publication in the Journal. The reviewers serve as peer referees for submissions, using their public health expertise to judge whether studies are sound, relevant and of the highest quality, among other qualifications.

Peer reviewers are sought in all areas of public health, from prevention and public health practice to human rights and immigration. Of particular need are reviewers who have written papers or published books on essential public health topics and are well-versed in their field.

To volunteer to become a peer reviewer for AJPH, visit http://ajph.edmgr.com and select the "Register Now" link. Reviewers should fill out the fields and provide their areas of expertise. Once registration has been completed, reviewers receive a confirmation e-mail.

AJPH editors use the database to match peer reviewers to studies that are considered for publication in the Journal. If editors are interested in using a specific reviewer to evaluate a study, they will e-mail the reviewer, inviting her or him to participate. Peer reviewers are sought year-round.

"Peer review is an essential public service that we must perform so as to maintain the highest quality of scholarship possible entering the canon of our field," said Ann Moore, PhD, an AJPH peer reviewer who was named the 2010 reviewer of the year for the Journal.

For more information on becoming a peer reviewer for the American Journal of Public Health, call 202-777-2465 or e-mail teena.lucas@apha.org. For more about the Journal, visit www.ajph.org. — Michele Late

JOURNAL WATCH

Neighborhood may impact sexual health
Young men living in disadvantaged neighborhoods may take greater risks with their sexual and reproductive health than their peers, according to a study published in the February issue of APHA's American Journal of Public Health.

The study used data from the 2002 National Survey of Family Growth to examine the influence of neighborhood characteristics on young men's sexual and reproductive health. Neighborhood characteristics included percentage of the population with incomes below the federal poverty level, the population ages 18 to 24 without a high school diploma and percentage of family households with children younger than 18 with a female head of household and no husband present.

Living in a more disadvantaged neighborhood was associated with having a higher number of partners and having ever gotten a partner pregnant. The "socioeconomic status of communities played a salient role influencing the (sexual and reproductive health) of young men," the study's authors found. (Page 271)

Proximity to tobacco influences smoking
People living near stores that sell tobacco may find it more difficult to quit smoking and continue to abstain from smoking than people living farther away, according to a February AJPH study.

Researchers with the MD Anderson Cancer Center and Institute for Community Research studied 414 treatment-seeking smokers in the Houston metropolitan area to determine whether the density of tobacco outlets or the proximity with outlet density had an effect on ability to abstain from smoking.

They found that people living less than 500 meters from the closest store selling tobacco were less likely to have abstained from smoking at 26 weeks than people living greater than 500 meters from such stores.

Researchers said that evidence supports that "smoking cues can provoke subjective and automatic responses among smokers, including increases in self-reported cravings to smoke," as one possible explanation.

They said the results of the study suggest that zoning laws restricting the licensing of tobacco retail outlets around residential areas might complement efforts to reduce tobacco use. (Page 315)

Minimum wage not linked to uninsurance
People who earn minimum wage do not have lower rates of unmet medical needs, according to a February AJPH study.

The study found evidence that higher minimum wages are associated with less likelihood that workers will report barriers to the medical care they need.

The study examined data from the Behavioral Risk Factor Surveillance System in which people were asked whether they had health insurance and whether they had ever needed to visit a doctor but could not because of cost.

Opponents of minimum wage requirements have argued that employers might try to save money by cutting health insurance benefits or offering less generous benefit plans. But proponents of minimum wage argue that higher wages make it more likely that workers will be able to afford out-of-pocket health-care expenses.

Federal minimum wage is currently $7.25 per hour, and 14 states plus the District of Columbia have minimum wage rates that are higher than the federal minimum wage. (Page 359) — Charlotte Tucker

Photo courtesy Carmen Nevarez

A group of APHA members, some of whom are shown here, traveled to Cuba in November to learn about its health system.
Encouraging breastfeeding on the national agenda

Despite the known benefits of breastfeeding, many women in the United States continue to experience obstacles, according to a new call to action released in January by the surgeon general.

The new “Call to Action to Support Breastfeeding,” released Jan. 20 by Surgeon General Regina Benjamin, MD, MBA, outlines obstacles faced by women and recommends steps to remove them.

Studies have shown that breastfeeding can reduce asthma and obesity in children, among other benefits.

A 2010 study in the journal Pediatrics estimated that the United States would save $13 billion per year in health care costs if 90 percent of U.S. babies were exclusively breastfed for the first six months of life. U.S. health officials recommend that babies be breastfed for at least that long.

However, data reflect a trend away from breastfeeding. While 75 percent of U.S. babies start out breastfeeding, only 15 percent are breastfed at the end of six months, according to the Centers for Disease Control and Prevention.

The call to action cites the challenges women face when breastfeeding, including a lack of knowledge from clinicians, poor support systems, embarrassment, lack of time and privacy to breastfeed at work, lactation problems and the inability to connect with other mothers.

The call to action outlines strategies to enable women to breastfeed more easily. It recommends creating educational programs to help families make informed decisions about breastfeeding.

“In many ways, mothers are prevented from reaching the goals they have set because health care providers give them erroneous information,” said Cathy Carothers, BLA, IBCLC, FILCA, president of the International Lactation Consultant Association, and a lactation consultant.

“For example, some women don’t know their milk can be frozen, so they stop breastfeeding when they return to work, but lactation consultants can let them know their options.”

Carothers said increasing breastfeeding in the United States requires a change in culture.

“Right now, some hospitals give women bags with (infant formula) when they are discharged and that sends them mixed messages (that) hospitals want mothers to use formulas,” Carothers said.

The “Call to Action to Support Breastfeeding” is available at www.surgeongeneral.gov.

— Anuika Chadha

Efforts to tackle childhood obesity nationwide are making a difference

Efforts to improve fruit and vegetable consumption and physical activity while reducing television viewing time and junk food consumption have begun to make a difference.

Through its Public Health Grand Rounds on Childhood Obesity, the Centers for Disease Control and Prevention in January highlighted programs around the country that aim to reduce the number of obese children and teens, which now stands at about 12.5 million. The total represents about 17 percent of all U.S. children and adolescents and is more than triple the 5 percent obesity rate of 1970.

“During the past 10 years, the rapid increase in obesity has slowed and might have leveled,” according to a summary in the Jan. 21 Morbidity and Mortality Weekly Report. “However, among the heaviest boys, a significant increase in obesity has been observed, with the heaviest getting even heavier.”

CDC officials are focusing on the best available evidence to use in implementing anti-obesity programs. One example is the Maine Youth Overweight Collaborative, a partnership of community groups, health providers and state officials that started with a simple message of “5-2-1-0.” The numbers represent five or more fruits and vegetables per day, two hours or less of daily screen time, one or more hour of physical activity and zero sugary drinks coupled with more water and low-fat milk consumption.

In related national news, in January, first lady Michelle Obama announced a collaboration between the Let’s Move! campaign and Wal-Mart to improve nutrition. The company’s Nutrition Charter aims to lower the fat, sugar and sodium content of store-brand foods and make produce more affordable. One goal is to encourage other stores nationwide to follow suit.

The new 2010 Dietary Guidelines for Americans, released by the U.S. Department of Agriculture on Jan. 31, emphasizes reducing calorie consumption and increasing physical activity. For more on the guidelines, see the March 2011 online edition of The Nation’s Health.

More on the CDC Public Health Grand Rounds on Childhood Obesity is available at www.cdc.gov/about/grand-rounds. Let’s Move! outlines simple steps to address childhood obesity at www.letsmove.gov.

— Donja Currie
** Rental assistance offered for disabled**

Nearly 1,000 non-elderly Americans with disabilities will get help leaving nursing homes and other health care facilities under a new partnership between the U.S. Departments of Housing and Urban Development and Health and Human Services.

Announced in January, the partnership will provide $7.5 million in rental assistance vouchers for people with disabilities to rent private apartments. Public housing authorities in 15 states will administer the program.

People receiving rental assistance will also receive health and social supports such as in-home nursing and personal care to enable them to live independently. “Housing is a critical piece of the equation when it comes to transitioning out of institutions,” said HUD Secretary Shaun Donovan. “Coordinating this effort with the Department of Health and Human Services is an important step in ensuring that more Americans with disabilities will have the housing and support they need to fully participate in community life.”

**Rule would revise human pesticide tests**

A recently expanded human testing rule is designed to make it harder for the chemical industry to use people as test subjects in pesticide research. Unveiled by the U.S. Environmental Protection Agency in January, the proposed rule would tighten research requirements to “ensure that studies involving human participants continue to be conducted in a strict, ethical and transparent manner that always ensures the participants’ safety,” according to EPA officials. Agency officials said the tougher new rules should decrease the number of studies on pesticides that use human subjects.

The new rule is the result of a 2010 court settlement between EPA, the National Resources Defense Council and other advocacy groups. One loophole in the existing human testing rule allows parents or guardians to allow pesticide testing on their children in some circumstances. The new rule would close that loophole, among other changes. “Some of the worst scientific reports I have read are these industry-funded pesticide studies where no more than a handful of adults are dosed with a toxic pesticide, and then the companies try to argue away complaints of headaches, nausea and even vomiting,” said Jennifer Sass, senior scientist with the council.

The proposal was published in the Jan. 12 Federal Register. Learn more at www.epa.gov.

**Title X clinics offer contraceptive options**

When compared to office-based doctors, federally funded Title X clinics provide more on-site contraceptive options, according to a study in the Jan. 14 Morbidity and Mortality Weekly Report. A survey completed by about 600 office-based physicians and 1,400 federally funded Title X clinics included questions on contraceptive method availability and whether options were available on-site, via prescription or by referral. For most contraceptive methods, a significantly higher proportion of the clinics reported on-site availability, according to the survey responses. Doctors were much more likely to prescribe contraceptives than to provide them directly. And oral contraceptives were available on-site at almost all the Title X clinics but only at half the physicians’ offices. Male condoms were available in nearly all the clinics but only one quarter of the doctors’ offices.

The study’s authors noted the rate of unintended pregnancies in the United States has remained relatively stable at 50 percent “despite advances in contraceptive technology.”

**U.S. cancer costs to reach $158 billion**

The medical costs of cancer in the United States are expected to reach at least $158 billion in 2020, an increase of 27 percent from 2010, a recent federal analysis found.

The National Institutes of Health analysis, which appeared online Jan. 12 in the Journal of the National Cancer Institute, found medical expenditures for cancer could reach as high as $207 billion if newly developed diagnosis, treatment and follow-up tools continue to be more expensive.

The cost projections were based on the most recent data available on cancer incidence, survival and costs of care. The analysis did not figure in other types of costs, such as loss of productivity, which add to cancer’s overall financial burden.

“The rising costs of cancer care illustrate how important it is for us to advance the science of cancer prevention and treatment to ensure that we’re using the most effective approaches,” said Robert Croyle, PhD, director of the National Cancer Institute’s Division of Cancer Control and Population Sciences. “This is especially important for elderly cancer patients with other complex health problems.”

**U.S. has seventh highest cancer rate**

The United States has the seventh-highest cancer rate in the world, according to recent estimates. Compiled by the American Institute for Cancer Research from World Health Organization estimates, the rankings found about 300 of every 100,000 Americans develop cancer each year. The world’s highest rate is in Denmark, where 326 of every 100,000 people get cancer each year. Overall, the rankings found high-income countries have significantly higher cancer rates than low-income countries.

“The good news is that the high incidence rates in the United States and other high-income countries are not inevitable,” said nutritionist Alice Bender, MS, RD, of the American Institute for Cancer Research. “Lifestyle changes can make a real difference to people’s risk. In fact, scientists estimate that about a third of the most common cancers in the United States and other high-income countries could be prevented by maintaining a healthy weight, being more physically active and eating more healthfully.”

She also said avoiding cigarettes and sunburns would help drive down cancer rates worldwide.

The rankings are available at www.aiicr.org. — Donya Currie

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Shingles vaccine beneficial for seniors

The herpes zoster, or shingles, vaccine is effective in preventing the infection in people older than 60 regardless of age, race or presence of chronic diseases, according to a study in the Jan. 12 Journal of the American Medical Association.

The study compared almost 76,000 adults ages 60 and older who had been vaccinated against shingles with almost 278,000 unvaccinated older adults. The number of herpes zoster cases among vaccinated people was 6.4 per 1,000 person years, compared to 13 per 1,000 person years among those who were unvaccinated.

“To date, herpes zoster vaccine uptake has been poor due to weaknesses in the adult vaccine infrastructure and also due to serious barriers to the vaccine among clinicians and patients,” the study’s authors wrote. “Solutions to these challenges need to be found so that individuals seeking to receive herpes zoster vaccine will be able to reduce their risk of experiencing this serious condition.”

Care improves when language is shared

Patients receive better care when they and their providers speak the same language, according to a study in the November-December issue of the Journal of the American Board of Family Medicine.

The study looked at health care quality perceptions among foreign-born Hispanics and used national probability sample data from telephone interviews. The three main care outcomes studied were self-reports of confusion, frustration and perception of poor quality of care received because of English-speaking ability. Those surveyed also were asked to rate overall quality of care.

The study found when care providers spoke the same language as patients, there was a lower likelihood of confusion, frustration and language-related poor quality ratings as well as higher overall quality of care ratings. How well the patients spoke English was not significantly linked to the three care outcomes and only marginally linked with overall quality care ratings.

“Our findings indicate that although patients’ language proficiency is important to health care quality ratings, what matter more is when patient and provider speak the same language,” the study’s authors wrote. They pointed out that while Hispanics represent more than 15 percent of the U.S. population, they represent only about 5 percent of the U.S. physician workforce.

Mental health exams can help troops

Mental health screening before deployment can reduce the rate of psychiatric problems among U.S. Army soldiers in Iraq by 78 percent.

A study in the American Journal of Psychiatry’s Jan. 18 online AJP in Advance found suicidal thoughts were cut in half and overall psychiatric or behavioral problems among soldiers serving in Iraq dropped by 78 percent among those systematically screened for mental health conditions before deployment. Researchers studied more than 10,000 U.S. Army soldiers, comparing three infantry brigades screened with new procedures and three deployed before the mental health screening program was implemented. All of the soldiers served in Iraq in 2007–2008, and mental health outcomes were tracked for the first six months of deployment.

The screening includes a behavioral health form completed during a medical evaluation, with those soldiers showing concerns receiving a mental health evaluation. Soldiers with psychotic or bipolar disorders are not deployed, while those on stable medication regimens are considered fit and have their care coordinated and tracked during deployment.

Kids’ weekend sleep can prevent obesity

Giving children the opportunity to sleep in on weekends and holidays could prevent weight gain, according to a study in the February issue of Pediatrics.

Researchers monitored the sleep patterns and body mass index of about 500 children ages 4–10 for one week. Regardless of weight, the children averaged eight hours of sleep nightly, which is significantly lower than current recommendations. And the study found that while obese children did not have radically different school day sleep schedules, their sleep duration was shorter and more irregular on weekends.

Obese children also were less likely to get “catch-up” sleep on weekends, and the combination of less sleep and more variable sleep patterns was linked to a slower metabolism. The study’s authors said public health campaigns that promote longer and more regular sleep could help improve metabolic function and help children maintain a healthy body weight.

Obesity linked to H1N1 death risk

For people infected with the 2009 pandemic H1N1 influenza virus, extreme obesity was a powerful risk factor for death, a recent study found.

The analysis of a public health surveillance database, published in the Feb. 1 issue of Clinical Infectious Diseases, linked extreme obesity with a nearly three-fold increase in the odds of death from H1N1 influenza. The study was based on data from 500 adults hospitalized with H1N1 in California in early 2009, and “extreme obesity” was defined as having a body mass index equal to or higher than 40.

“Extremely obese people should get vaccinated annually for influenza,” said study author Janice Louie, MD, MPH, of the California Department of Public Health. “They should also see their health provider early if symptoms of influenza develop so they can get diagnosed and treated as quickly as possible.”

Pregnant women exposed to chemicals

Most pregnant women in the United States carry a cocktail of chemicals in their bodies, many of which can cross the placenta and harm the fetus, according to a study published online Jan. 14 in Environmental Health Perspectives.

Researchers analyzed data for 163 chemicals in a nationally representative sample of about 270 pregnant women and found exposure to an individual chemical ranged from none to 100 percent. Certain pesticides and chemicals linked to birth defects were detected in 99 percent to 100 percent of the pregnant women in the study. Generally, chemical levels detected in pregnant women were similar to or lower than levels in non-pregnant women, but adjusting for factors such as age and smoking status tended to increase levels in pregnant women.

The study’s authors said their analysis “finds ubiquitous exposure to multiple chemicals during a sensitive period of development.” They recommended more study into National Health and Nutrition Examination Survey data “to enhance our understanding of risks among the U.S. population and to inform further policy and research activities.”

Walking speedly linked to longer life

Older adults who walk faster may live longer, a recent study found.

Published in the Jan. 5 issue of the Journal of the American Medical Association, the analysis of data from nine studies found higher walking speed among older adults was associated with increased length of survival.

The study found that gait speed, which was calculated using distance in meters and time in seconds, was associated with differences in the probability of survival at all ages in both sexes but was particularly so after age 75. Participants in the study were instructed to walk at their usual pace and from a standing start.

The authors suggested several reasons that gait speed might predict survival. “Walking requires energy, movement control and support and places demands on multiple organ systems, including the heart, lungs, circulatory, nervous and musculoskeletal systems,” the study’s authors wrote. “Slowing gait may reflect both damaged systems and a high energy cost of walking.”

They suggested gait speed could be used clinically to help identify older adults with a high probability of living for five or 10 more years who may be appropriate targets for longer-term preventive health interventions.

— Donya Currie
Council working to shift U.S. health focus to prevention

PREVENTION, Continued from Page 1

The National Prevention Strategy can be thought of as the blueprint for converting our approach to health from one which is sick care to one that is well care.”

In addition to creating the national strategy, the National Prevention, Health Promotion and Public Health Council will provide coordination and leadership among all executive departments and agencies with respect to prevention, wellness and health promotion practices. Chaired by U.S. Surgeon General Regina Benjamin, MD, MBA, the council brings together cabinet secretaries and top directors of 17 federal departments and agencies.

“It’s not just the health department that is involved now,” APHA’s Benjamin said. “This is really a look from the top at health in all policies — an attempt to get every part of our nation focused on health for all the places in which health intersects in our society.”

With its commitment, the council provides an “extraordinary opportunity to galvanize leadership to improve health,” said APHA member Michael Fraser, PhD, CEO of the Association of Maternal and Child Health Programs.

“First, the cross-cutting nature of its membership assures that we are breaking down the silos that traditionally limit public health actions,” Fraser told The Nation’s Health. “Second, they will have the opportunity to advise on how to optimize the significant resources provided through the new Prevention and Public Health Fund. This group can help assure that we link strategic priorities and measurable outcomes to reducing infant mortality to actual investments in a way we’ve never done before.”

Also created through the health reform law, known as the Affordable Care Act, the Prevention and Public Health Fund provides for an expanded and sustained national investment in prevention and public health. As part of its mandate, the council receives guidance from the public and other interested stakeholders.

Additional guidance is provided through a non-federal advisory group appointed by President Barack Obama. Announced in January, the 13-member Advisory Group on Prevention, Health Promotion, and Integrative and Public Health includes APHA members Jonathan Fielding, MD, MPH, MBA, MA, director of the Los Angeles County Department of Public Health; Jeffrey Levi, PhD, MA, executive director of Trust for America’s Health; Linda Rosenstock, MD, MPH, dean of the School of Public Health at the University of California, Los Angeles; John Seffrin, PhD, MS, CEO of the American Cancer Society; and Susan Swider, PhD, MS, a professor in the College of Nursing at Rush University Medical Center.

In developing the national strategy, the council sought two rounds of public input on a draft framework. Hundreds of stakeholders contributed comments, including the public, community-based organizations and public- and private-sector practitioners engaged in prevention and wellness programs and activities. Input was also gathered through numerous outreach calls and regional and national meetings, including a session held during APHA’s 138th Annual Meeting in Denver in November.

About 300 written comments were received through the council’s website, said Andrew Rein, MS, associate director for policy at the U.S. Centers for Disease Control and Prevention.

“We’ve gotten a wonderful range of comments — everything from individuals to health care providers to various organizations — whether they be advocacy or service organizations or representing groups of Americans interested in parts of health or prevention,” said Rein, who co-leads CDC’s efforts to assist the National Prevention, Health Promotion and Public Health Council in developing the strategy.

APHA was among the many organizations to submit comments by the Jan. 18 deadline. Among its recommendations, the Association urged that the framework ensure accountability for expenditures as they relate to population health outcomes, as well as the creation and use of standards to guide both community and provider efforts in creating environments and services that detect and prevent disease and disability.

The National Prevention and Health Promotion Strategy will be developed to align with other federal initiatives, such as Healthy People 2020, the National HIV/AIDS Strategy and Let’s Move!, the national childhood obesity campaign.

“While Healthy People 2020 establishes critical health objectives for the nation, the strategy will help provide a roadmap for achieving the objectives,” Jud Richland, MPH, president of Partnership for Prevention, told The Nation’s Health. “By formally engaging decision-makers in such smaller areas as education, housing and transportation, the National Prevention Strategy can coalesce diverse sectors of society to create a culture of wellness and prevention. In fact, our efforts to create a prevention culture cannot succeed without such a broad-based approach.”

The council’s work will not end with the delivery of the national strategy, said Janet Collins, PhD, CDC’s associate director for program.

“It really is envisioned to be a long-term council that continues to look at how the federal government itself can integrate its health prevention work more effectively and how it can help monitor and promote the use of the strategy for the nation,” Collins said. “So the release of the report is step one, (but) the activation of that plan around the country, and the monitoring of that plan and making sure we are producing the kinds of outputs that the plan envisions, is really going to be key.”

For more information, visit www.healthcare.gov/prevention.council@hhs.gov.

— Teddi Dineley Johnson
Making workplaces healthier is goal of new accreditation program

Among the four companies that have gone through early testing of the program, the 70-employee Association of State and Territorial Health Officials in Arlington, Va., represents a small employer as well as the health sector.

“We are very health-oriented, and then the opportunity to get involved in this arose,” said APHA member Paul Jarris, MD, MBA, executive director of ASTHO and also a board member of the Alliance to Make U.S. Healthiest.

“And so I looked at it to say, ‘hey we are health-oriented, isn’t this cool? These experts actually put standards together.’”

Jarris’ organization, for example, has a healthy foods policy that aims to ensure food choices such as whole grains, low-fat dairy products and fresh fruit are available at meetings.

“How many public health meetings do you go to where they’re serving mega donuts and cholesterol slabs?” Jarris told The Nation’s Health. “It’s hypocritical.”

Other organizations that are testing the accreditation program are Target, steel processor Worthington Industries and Ohio Health, showing the range of settings where the program can be applied.

The accreditation program, which is set to enter a second testing phase in late March and then be offered to companies nationwide by the fall, should help address such problems, Jarris said, and help both large and small employers “walk the walk and not just talk the talk” when it comes to running a healthy company.

“If we use this as a tool to drive learning and to recognize certain standards and benchmarks that have been validated and we drive people to this place, that’s what we’re about,” Baird told The Nation’s Health. “All we’re trying to do is improve health.”

The program is organized around what Baird described as wellness “pillars.” One would be organizational engagement and alignment, or whether the employer provides tools such as affordable, healthy foods in the cafeteria and places for weekday walk breaks.

Another pillar examines how the employer looks at population health management and well-being and whether those issues are measured and reported to a board of directors.

“A lot of these things measured really go beyond, ‘do you have a weight loss or smoking reduction program?’ It really gets at ‘is health a part of the culture of the organization?’”

— J. Nick Baird

APHA will offer continuing education credits at its Annual and Midyear meetings.

Wrong health training at for-profit schools

For-profit colleges are not training the health care work force in the areas of greatest need, a report found.

The report from the Center for American Progress found such schools, which generally offer both online and in-person educational programs in a variety of health fields, are concentrating on medical assisting and massage therapy. The for-profit schools make a “modest” contribution in other health areas such as registered nursing and licensed practical nursing, but 78 percent of health care credentials awarded at for-profit schools were certifications or degrees at the associate level or below, according to the report.

The report’s authors found for-profit schools tend to train health care workers who will either face a tough time finding work or will only be eligible for jobs at the lower end of the pay scale.

The full report, “Profit from Health Care: The Role of For-Profit Schools in Training the Health Care Workforce,” is available at www.americanprogress.org.

APHA meetings offer education credits

APHA has been re-accredited for 2011-2014 as a provider of continuing education credits for those holding the certified health education specialist credential, the Association said in January.

At both the APHA Annual Meeting in October and the Midyear Meeting in June, attendees can earn continuing education contact hours in health education, nursing, continuing medical education and certified in public health.

The courses are designed to give public health practitioners the opportunity to enhance their knowledge and exchange information on best practices, the latest research and new trends in public health.

The Midyear Meeting will be held in Chicago, and the Annual Meeting will be in Washington, D.C. At the Midyear Meeting, which has a theme of “Implementing Health Reform: A Public Health Approach,” the goal of the continuing education courses will be to give hands-on training and technical assistance to those public health professionals who will be involved in reforming the nation’s health system.

Learn more about continuing education opportunities at the June 23-25 Midyear Meeting at www.apha.org/midyear, and about offerings at APHA’s 159th Annual Meeting, scheduled for Oct. 29-Nov. 2, at www.apha.org/programs/education/edannualmtg.

— Donya Currie
U.S. life expectancy lagging because of health behaviors, report finds

Photo by Melanie Statson Freeman, courtesy Christian Science Monitor/Getty Images

Mary Kleinman exercises in Pikesville, Md., in March 2010. If U.S. obesity trends continue, they may offset life expectancy gains that are predicted to occur in coming decades, a report found.

LIFE EXPECTANCY, Continued from Page 1

life expectancy at age 50 in the United States has been increasing, but at a much slower rate than in some other high-income countries. According to National Center for Health Statistics 2007 data, the average life expectancy at birth today is 75.3 years for men and 80.4 years for women. To contrast, in Japan men live to an average age of 79.2 years and women to 86 years, as of 2006.

Researchers attribute the slower rate of increase — for women in the United States the increase was about 40 percent smaller than in other countries — to widespread smoking 30 to 50 years ago. Over the period 1950 to 2003, the gain in life expectancy at age 50 was 2.1 years lower among U.S. women, compared with the average of nine other high-income countries, the report said. Women in the United States, on average, will live 5.7 years longer now than they would have in 1950. In the other nine countries, women are living an average of 7.8 years longer than in 1950.

“The damage caused by smoking was estimated to account for 78 percent of the gap in life expectancy for women and 41 percent of the gap for men between the United States and other high-income countries in 2003,” the report said.

Smoking rates in the United States are not nearly as high now as they were in the 1950s and 1960s, particularly for women, Preston said. “American women led the world for years (in smoking),” Preston told The Nation’s Health.

And now, their life expectancy is increasing at a much slower rate than in other high-income nations.

Researchers also used smoking data to predict how life expectancy will be affected over the next two to three decades. Life expectancy for men will likely begin to improve “relatively rapidly” in coming decades because of reductions in smoking in the last 20 years, they said. For women it is a different story. Women’s smoking behavior peaked later than men’s, so declines in mortality will likely remain slow for the next 10 years.

“What’s clear is that smoking histories matter, and smoking histories can’t be instantaneously reversed when you stop smoking,” Preston said.

The report also points to obesity as a possible contributor to the difference in U.S. life expectancy, but the authors said the links are less clear. However, the report said that if the obesity trend in the United States continues, it may offset the longevity improvement expected from reductions in smoking.

The relationship between obesity levels and obesity risks “bears watching as an important factor in future longevity trends in the United States,” the authors wrote. “We’re in the midst of a major increase in obesity, which could have long-term effects in itself,” Preston said.

The panel also examined whether differences in countries’ health care systems could explain the divergence in life expectancy over the past 25 years. It found that the United States’ lack of universal access to health care has increased mortality and reduced life expectancy, but Medicare entitlements for those older than 65 make lack of universal care a smaller factor.

“For main causes of death at older ages — cancer and cardiovascular disease — available indicators do not suggest that the U.S. health care system is failing to prevent deaths that would elsewhere be averted,” the report said.

In fact, Preston said the United States has better cancer detection and survival rates than most other high-income countries. Survival rates following a heart attack are also favorable in the United States, he said.

“Where something has gone awry is in prevention of diseases,” he said. “The (United States) has a very high incidence of chronic disease, though we seem to treat them very well once they occur. We’re not preventing some diseases as effectively as many of our peers.”

The report notes that smoking and obesity are “products of social and economic context,” in the United States, including residences and workplaces that encourage driving, levels of affluence that support large numbers of automobiles, low gasoline taxes and a climate and soil in part of the country that is conducive to growing tobacco.

The authors said that such factors are more common among people of lower social status and those who are less likely to have lifetime access to health care.


— Samuel Preston

Call for Book Prospectus & Editors

For New SOPHE/APHAn Handbook on Health Communication

Deadline for Applications: April 1, 2011

The Society for Public Health Education (SOPHE), in collaboration with the American Public Health Association (APHA), is seeking proposals for a new Health Communication Handbook for public health professionals. The expected timeframe for publication of the book is 2012.

SOPHE and APHA will co-publish a health communications handbook on the contemporary theories, approaches, and tools to influence knowledge, attitudes, knowledge, and social norms, which serve as precursors to behavior change. Innovative health communication strategies such as social media, health communication technology, risk communication, consumer research, and media advocacy also may be covered. The book should address basic information all public health professionals would need to know about health communication, if he/she had no formal training or education in the discipline. The book will replace the existing APHA publication Communicating Public Health Information Effectively: A Guide for Practitioners, edited by Nelson, Brownson, Remington, Parvanta, and published in 2002.

For complete details, submission requirements, and where to send your proposal, please visit: www.apha.org/publications/bookstore/
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Maine Affiliate helps residents get ready for all types of emergencies

When it comes to preparing for an emergency such as a bioterror attack, there is nothing handier than duct tape for sealing windows, doors and vents. But the Maine Public Health Association wants people to know that stocking the sticky silver stuff is just one of several steps necessary to get ready for any kind of emergency.

To spread the all-hazards preparedness message throughout the state, APHA’s Maine Affiliate last year launched Get ME Ready: It Takes More Than Duct Tape. With a catchy campaign’s theme that plays off the Duct Tape. With a catchy APHA’s Maine Affiliate last year launched Get ME Ready video featuring Dora Ann Mills, director of the Maine Center for Disease Control and Prevention, urging listeners to “get a kit, make a plan and be informed,” as well as listen to podcasts with a pediatrician and veterinarian about preparing families and pets for emergencies. Also available are links to the state’s emergency preparedness website at Maine.gov, APHA’s Get Ready site at www.getmeready.org and the federal government’s preparedness site at www.ready.gov.

“We did an assessment over a year ago of Mainers, and we found that although many of our systems — such as towns, schools, hospitals, etc. — have really done a lot for emergency preparedness and are truly prepared for emergencies, most individuals and families are not,” said Pettingill, who is an APHA member.

Like every state, Maine is at risk for a range of disasters, including emergencies related to health and weather. “In Maine we have a whole series of natural issues we face every year — snow, ice, extreme cold,” said Michael Russell, MS, MEP, program manager for environmental health and safety for the city of Portland. “Many of our residents live in rural areas, so they don’t have quick access to supplies.”

During periods of extreme cold, issues with heating, water and transportation are not uncommon, said Russell, who served on the advisory committee that helped develop the campaign’s strategy.

“Something that is relatively routine for us, such as really cold weather, can put a snag into our daily routines and disrupt the things we take for granted, such as access to water, food, heat and transportation,” Russell said. “Being prepared by having these resources on hand can make it much more bearable.”

To create the campaign, MPHA partnered with agencies and jurisdictions including the cities of Portland and Bangor, the American Red Cross of Southern Maine, the Maine Center for Disease Control and Prevention and the Maine Emergency Management Agency. APHA’s Get Ready campaign helped guide the campaign's strategy, Pettingill said.

“APHA’s campaign really was what gave us the impetus to assess our population and figure out what was really needed in Maine,” Pettingill said. “We used their materials exclusively, originally, until we really had a lot of data and some research that showed us that we needed a locally driven campaign in Maine. That’s what really resonates with Mainers — local resources and local information — but we certainly will continue to reference APHA and their Get Ready site as a great resource on our site as well as our communications.”

For more information on the Maine association’s preparedness program, visit www.getmeready.org.

— Teddi Dineley Johnson

Photo courtesy Jerry McElroy, iStockphoto

Ohio Affiliate launches new vision care member section

With its sights set on improving vision and eye health in Ohio, the Ohio Public Health Association in December launched a new membership section devoted to vision care.

Focusing on advocacy and education, OPHA’s new Vision Care Section will raise awareness of the importance of a comprehensive eye exam and the role vision plays in the quality of life, said Todd Clark, OD, who will serve as the section’s chair.

“Roughly 80 percent of what someone learns in life is through the visual system,” said Clark, who is an APHA member. “The formation of this section will hopefully continue to elevate the awareness as to how important vision care is to one’s overall health.”

According to the Centers for Disease Control and Prevention, about 61 million adults in the United States are at high risk for serious vision loss, but only half visited an eye doctor in the past 12 months. And nearly 7 percent of children younger than 18 have a diagnosed eye and vision condition.

Because vision is a quality of life issue that affects everybody, section leaders hope to recruit members from a range of fields, including public health nurses, school nurses, nurse practitioners, optometrists, primary care physicians, optometrists and educators.

The new vision care section is the Ohio Affiliate’s first new member group in six years, said OPHA Executive Director Lois Hall, MS.

“This is another step in building the linkage of vision care and public health in Ohio,” said Hall, who is an APHA member.

For more information, visit www.ohiophia.org.

— Teddi Dineley Johnson

The AFFILIATES
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NEW RELEASE!

Preventing Childhood Obesity in Early Care and Education

A joint publication by American Academy of Pediatrics; American Public Health Association; and the National Resource Center for Health and Safety in Child Care and Early Education

The all-new Preventing Childhood Obesity in Early Care and Education is the new set of national standards describing evidence-based best practices in nutrition, physical activity, and screen time for early care and education programs. The standards are for all types of early care and education settings — centers and family child care homes, and support key national campaigns for lifestyle habits, including first lady Michelle Obama’s Let’s Move! childhood obesity initiative.

These updated standards will be a part of the new comprehensive Caring for Our Children: National Health and Safety Performance Standards: Guidelines for Early Care and Education Programs, 3rd Edition.

Topics include: General nutrition requirements; Requirements for infants including supporting breastfeeding; Requirements for toddlers and preschoolers; Nutrition education; Outdoor and indoor play time; Screen time limits; and more...

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— Teddi Dineley Johnson
Another problem, up until Obama signed the Secure and Responsible Drug Disposal Act Oct. 12, was that it was illegal under the Controlled Substances Act to transfer prescription drugs from one person to another, even for disposal. The law removes that barrier and opens the door for states or other groups to create takeback programs, Shield said.

In about a year, DEA is expected to write regulations governing the collection of controlled substances. The way such regulations are written could greatly expand states’ ability to run takeback programs, said Jeanie Jaramillo, PharmD, of the Texas Panhandle Poison Control Center. Her group has sponsored six takeback events since 2009, at which it has collected about a ton of unused or expired drugs, Jaramillo said. But because of the Controlled Substances Act, the organization has been required to have law enforcement officers at each event to handle the narcotics. Among other options DEA is considering, the new rule could allow pharmacies to collect drugs without law enforcement oversight.

Washington state is considering other takeback options as well. A bill introduced in the state Legislature in January would begin that process. H.B. 1370 would establish a program in which pharmaceutical companies would create an umbrella group that would oversee the pickup and disposal of drugs that are dropped off at certain locations, such as pharmacies. A companion bill, S.B. 523, has been introduced in the state Senate.

Such programs already exist in 12 of Washington’s 39 counties, but the programs are funded by the counties rather than by the pharmaceutical companies, said state Rep. Kevin Van De Wege, who introduced the bill in the state House.

As a firefighter and paramedic, Van De Wege has seen firsthand what can happen when children ingest leftover medications. Sometimes the medications were left by someone such as a grandparent who died or moved into a nursing home and the family did not know how to dispose of the drugs.

“There’s no coordination right now,” Van De Wege told The Nation’s Health. “If a county chooses to do that, they bear the costs and have to pay for transport to the one location in the state where medical waste is incinerated.”

A group of pharmaceutical companies would be able to better coordinate and pay for a takeback program, according to Van De Wege, who said he expects to meet tough opposition to his bill. This is the third time a takeback bill has been introduced in Washington state, but this time, takeback proponents have tried to address the concerns of pharmaceutical companies. The bill, which contains a $2.5 million cap on the cost of the takeback program, meant to address pharmaceutical companies’ concerns about such programs being too expensive. “We’re trying to meet a lot of the industry’s arguments against the bill,” he said.

A program in British Columbia could serve as a model for the program Washington advocates would like to establish,
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Casino cases in Field Epidemiology: A Global Perspective
By Dr. Mark S. Dworkin, MD, MPHé-TM, FACP

This collection of case studies—some never before published—uncover the details of actual disease outbreaks from within the United States and around the world. At the conclusion of each chapter, the investigator reviews the methods and processes that were employed to execute the investigation. Ideal as a complement to any text on infectious disease epidemiology, these case studies will bring to life the classic functions of field epidemiology and the application of epidemiological methods to unexpected health problems that require fast, on-site investigation and timely intervention. The cases cover investigations in infectious and non-infectious disease outbreaks, as well as environmental health related disease outbreaks.

Co-published with Jones & Bartlett Learning
FACULTY POSITION IN CANCER EPIDEMIOLOGY

The Department of Epidemiology and Biostatistics and the Cancer Therapy and Research Center of the University of Texas Health Science Center at San Antonio seek applications from nationally recognized leaders in cancer epidemiology.

The Department of Epidemiology and Biostatistics has 20 full-time faculty and 46 staff with a number of additional affiliate faculty. We have close research and education collaborations with the San Antonio Regional Campus of the University of Texas School of Public Health.

The CTRC is one of four National Cancer Institute (NCI)-designated Cancer Centers in Texas and the only NCI-designated center in South Texas, serving a region of 45,970 square miles (or 4 million people) including a large, multi-ethnic population. The CTRC is committed to integrated multidisciplinary research and care, and the translation of research findings into the diagnosis, treatment, and especially prevention of cancer while improving the quality of life of cancer survivors. The 96 CTRC researchers have more than $61 million in extramural research funding and have a broad range of basic, clinical, and population science expertise. The CTRC’s three research programs of Cancer Development and Progression, Experimental and Developmental Therapeutics, and Cancer Prevention and Population Science along with a group of developing programs are supported by eight shared resources.

Qualifications include: (1) an earned doctoral degree in epidemiology; (2) demonstrated expertise, research productivity, and extramural funding in cancer epidemiology including evidence of interdisciplinary collaboration; and (3) strong leadership capabilities including experience mentoring junior faculty and other trainees as well as building academic research programs. While all areas of cancer epidemiology will be considered, we particularly encourage candidates with expertise in etiologic research.

A startup package for the position will include resources to support the development of the cancer epidemiology research program including recruitment of additional faculty.

Applications are being reviewed currently and will continue until the position is filled. The University of Texas Health Science Center is an Equal Opportunity/Affirmative Action Employer. All faculty appointments are designated as security sensitive positions. Interested applicants should send a cover letter describing their qualifications and current curriculum vitae to rolling@uthscsa.edu or by mail to:

Brad H. Pollock, MPH, PhD
Department of Epidemiology and Biostatistics
7703 Floyd Carl Dr., MC7933
San Antonio, TX 78229-3900

Nominations sought for Crumbine food award

Submissions are now being sought for an annual award honoring innovation in food protection and safety.

The 2011 Samuel J. Crumbine Consumer Protection Award for Excellence in Food Protection at the Local Level recognizes excellence in food protection by local and environmental health jurisdictions in the United States and Canada. Past winners include Columbus Public Health of Columbus, Ohio, which was honored in 2009 for its outstanding services, including multicultural outreach efforts and partnerships within the community and with industry.

The application deadline for the award is March 15. To be eligible, nominees must be a U.S. or Canadian local environmental health jurisdiction that provides food protection services to its community. The U.S. Uniformed Services and U.S. Indian Health Service area programs can compete as well if they conduct a local food program. Past winners may compete five years after receiving the award. State, institutional, industry and private programs are not eligible.

An independent panel of food protection practitioners will choose the winner based on criteria such as sustained excellence over the preceding four to six years, demonstrated improvements in managing a program and innovative use of problem-solving to reduce foodborne illness risk factors.

Established in 1954, the Crumbine award is named for a sanitarian and physician born in 1862 who was known for his innovative methods of public health protection. The annual award, presented since 1955, is supported by the Conference for Food Protection in cooperation with groups that include APHA. For more information and detailed guidelines, which have been revised for the 2011 round of the award, visit www.fpi.org.

— Michele Late
Kaiser Permanente Southern California (KPSC) is searching for candidates for an exciting research position for cardiovascular disease epidemiologic/health services research. This is an open-rank position for a doctorally-prepared epidemiologist, pharmacoepidemiologist or health services researcher.

KPSC is a leading managed care organization that provides integrated care for approximately 3.3 million members of diverse race and ethnicity from Southern California. The integrated health care provided to these members is tracked through a system-wide electronic health record. KPSC has excellent administrative information infrastructure that includes the tracking of all diagnoses and procedures observed or undertaken in all medically attended visits, providing outstanding passive follow-up of important outcomes. This is augmented by detailed pharmacy and laboratory information.

With these rich clinical data systems and senior leadership committed to research, KPSC provides an ideal environment to build a satisfying and productive research career. By joining the KPSC research team, you will work with other researchers in a collegial setting that fosters public domain research, independent thinking and adherence to the highest scientific standards.

KPSC is currently conducting a number of cardiovascular disease epidemiologic studies, and is actively engaged in the Cardiovascular Research Network (CVRN), funded by NHLBI, that provides a network of over 7 million covered lives.

This hard-money position will provide a core support package for the successful applicant that can be used to conduct pilot studies that leverage existing infrastructure for an extramurally funded program. This support includes staff for administrative tasks, programming and analytic staff and study assistants as well as modest funding for non-personnel-related costs.

The successful candidate will be expected to develop an independent research program of research and to collaborate within and outside the Department. The researcher will incrementally establish and maintain external funding for his/her research agenda within a 3 to 5 year period.

A description of the Department of Research & Evaluation is available on the web (http://kp.org/research). It is the home to 18 doctorally prepared investigators and over 160 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.

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.

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Healthy relationships lead to better lives

By Teddi Dineley Johnson

U nless you’re shipwrecked on a deserted island, you probably enjoy a handful of close relationships. From spouses to children to friends, parents, siblings and significant others, healthy relationships build self-esteem, improve mental and emotional health and help you live a fuller life.

“Relationships are — not surprisingly — enormously important for health, and there are lots of studies on the biological processes that account for the link between relationships and health,” says psychology professor Arthur Aron, PhD, director of the Interpersonal Relationships Laboratory at New York’s Stony Brook University.

The quality of our personal relationships also has an enormous impact on our physical health, as evidenced by a hefty number of research studies.

“We support each other in getting enough exercise, eating right, flossing — all the things that make for better health can be supported or undermined by close relationships,” Aron says.

In the movie “Cast Away,” Tom Hanks’ character — stranded on an uninhabited island — creates a face on the ball, which he names “Wilson,” as if it were a person. Though fictional and funny, the gesture illustrates something very basic about us: Relationships are important — so important, in fact, that our brains are hardwired to form them.

“Evolution has set us up to be very good in relationships and to make them happen,” says Aron, who also teaches an undergraduate course on close relationships. “We have evolved to form relationships and to keep them together to raise children.”

That said, have you ever wondered why some of your relationships are more effective than others? Researchers have learned a lot in the last 30 years about what makes good relationships tick, and it boils down to just a few things. Unfortunately, most folks are only minimally aware of those elements, Aron says, and therefore aren’t doing everything they could be doing to improve their relationships.

Mind your mental health

Without question, the mental health of all parties is the most important element of a good relationship. If you suffer from depression, anxiety, insecurity or low self-esteem, seek help from a health professional right away, because it’s not just you, but also your relationship, that will suffer.

You can’t always control the stressors in your life, but for your relationships to be effective, try to keep stress to a minimum.

Also, be understanding when others are going through a tough time. Someone who loses her or his job, for example, might behave negatively for a little while. But things should get better eventually.

Keep the lines open

“We just don’t communicate!” is a common refrain in relationships — too common in fact, because after mental health, effective communication is the second most important ingredient in a healthy relationship.

Communication is important because conflicts are inevitable in relationships, and “most people are poorly prepared to deal with them well,” Aron says.

But there’s plenty of help out there. If you’re planning to wed, take advantage of the preparation courses offered through places of worship or community programs.

If you are already in a relationship, think about registering for a weekend seminar or marital enrichment course, often offered through churches, synagogues and community recreation departments.

And if you think the communication between you and your partner needs some extra help, consider couples counseling or marital therapy.

Watch for unhealthy relationships

Not all relationships are going to be perfect all the time, but for the most part, a good relationship makes you feel secure, happy, loved, respected and free to be yourself. If you are in a relationship that makes you feel fearful, humiliated or controlled, or are a victim of physical, emotional or sexual abuse, call 911 or contact the National Domestic Violence Hotline at 800-799-7233.

Learning to recognize unhealthy relationships should start early. The Centers for Disease Control and Prevention’s Choose Respect initiative, online at www.cdc.gov/chooserespect, is available to help teens learn how to make decisions about relationships with their friends, family and dating partners.

Build a bridge of support

Support from family and friends is an ingredient that repeatedly surfaces in good relationships. You might need someone to take the kids for the night, or help with carpooling. If you have a support system in place, or live near friends and family, don’t be afraid to ask them for a helping hand, a sympathetic ear or advice.

“All relationships require effort and attention,” Aron says. “Sometimes that effort and attention is automatic, such as with an infant. Beyond what is automatic, for most relationships, we usually need to put attention and effort into them, and it pays off.”

For more relationship tips, visit www.cdc.gov/violenceprevention

Photos courtesy iStockphoto. Bottom right photo by Aldo Murillo.