Accreditation of health departments on its way

A NATIONAL program to accredit the nation’s health departments, which is expected to transform the delivery of community health services, is on target to launch this fall.

The Public Health Accreditation Board, the nonprofit organization that is spearheading the voluntary accreditation program, recently completed a nationwide pilot test, putting it another step closer to its goal of accrediting all of the nation’s health departments.

In December, the board completed a 15-month “beta test” of the accreditation program. Thirty public health departments across the United States served as test sites, evaluating themselves based on accreditation standards, measures and processes developed through a national vetting.

Preparedness, communication targeted

Social media, texting play new role in response to disasters

WHEN SENSORS first detected the rumblings of the March 11 earthquake that devastated much of Japan, they transmitted the information around the world in seconds.

One of the places the data were sent was the Pacific Disaster Center in Hawaii, where news of the quake and the potential for a tsunami were relayed through the center’s Twitter feed and a smartphone app. The information was relayed before CNN began reporting on the quake, said Ray Shirkhodai, executive director of the center.

As technology has advanced, so too have the ways that public health officials are communicating with the public. Twitter, Facebook and smartphone apps have become the latest tools in the public health and disaster preparedness fields.

Opponents trying to repeal protections

Number of lives saved by U.S. Clean Air Act continues to grow

THE CLEAN Air Act saved 160,000 lives last year, and the number of lives saved annually is expected to top 230,000 by 2020, according to a report released by the Environmental Protection Agency in March.

The report, which looked at results of the Clean Air Act from 1990 to 2020, found that in 2010, reductions in fine particle and ozone pollution because of the act led to 130,000 fewer heart attacks and 1.7 million fewer asthma attacks. By 2020, “direct benefits” from the 1990 Clean Air Act Amendments — mainly in the form of reductions in premature deaths — are estimated to reach almost $2 trillion.

Clean air advocates say it is important that EPA has taken the time to compile the data that show the full impact of the Clean Air Act. Signed in 1970, the act covers issues such as air quality, emissions limits, ozone protection and fuel standards. The act is estimated to have saved millions of lives in its 40 years of existence.

“It’s always good to have somebody add it all up,” said Janice Nolen, assistant vice president for policy and advocacy at the American Lung Association. “It’s a wonderful story that shows that this is what cleaner air means to us as Americans.”

EPA is hoping to add even more air improvements, with a proposed rule released March 16 that would reduce the amount of toxins emitted from coal- and oil-burning power plants.

But there are potential roadblocks to continued progress in the form of the House of Representatives, some of whose members are seeking to strip EPA of its authority to regulate greenhouse gases.

Currently, there are no national limits on the amount of mercury and other toxic air pollution released from power plant smokestacks. The proposed power plant rule would create the first national standards for mercury, arsenic and other pollutants, including chromium, nickel and acid gases. EPA estimates the rule would prevent as many as 17,000 premature deaths and 11,000 heart attacks each year.

EPA Administrator Lisa Jackson called the proposal “a significant milestone” in
APHA ADVOCATES

Recent actions on public health by APHA

APHA applauds teen graduated license bill
Graduated driver’s licenses would save hundreds of lives and prevent 350,000 injuries each year, APHA said in a March news release applauding the introduction of the Safe Teen and Novice Driver Uniform Protection Act, S. 528, in the Senate. The legislation would establish minimum federal requirements for state graduated driver licensing laws and encourage all states to adopt graduated licensing laws that meet those minimum requirements within three years. It would include a requirement for a two-stage licensing process consisting of a learner’s permit stage and an intermediate stage that would, among other things, prohibit teen drivers from using cellular telephones or other types of electronic communication devices except in an emergency. According to the Centers for Disease Control and Prevention, if every state had strong graduated licensing programs to help new drivers gain skills and experience under low-risk conditions, 175 lives would be saved and about 350,000 injuries prevented each year.

Although the National Highway Traffic Safety Administration reports that 46 states and the District of Columbia have some components of a graduated driver’s licensing program, no state meets all optimal guidelines. “Assuring that our nation’s teens are smart, safe drivers is one of the most important steps we can take to protect their safety and the safety of others on the road,” said Georges Benjamin, MD, FACP, FACEP (E), executive director of APHA. “The act is essential legislation that would limit the toll of injuries and lives senselessly lost due to traffic-related crashes.” Reps. Tim Bishop, D-N.Y., and Chris Van Hollen, D-Md., have said they plan to co-sponsor a House version of the bill.

Vending guidelines to help prevent obesity
APHA thanked Department of Health and Human Services Secretary Kathleen Sebelius for the release March 24 of new federal guidelines for vending machines. “Many of our members are experts in nutrition and chronic disease prevention, and are advocates for policies which will reduce obesity and improve health,” said APHA Executive Director Georges Benjamin, MD, FACP, FACEP (E) in a letter to Sebelius. “APHA stands ready to work with you on this initiative and other efforts to improve healthy eating options for all Americans.”

The guidelines apply to all federal food service concession operations and vending machines managed by HHS and the General Services Administration. Among other things, the guidelines require calorie labeling, replacing foods containing trans fats with foods low in saturated and trans fatty acids, reduced access to sodium and the offering of fruits and vegetables.

Benjamin said the guidelines are an important part of obesity prevention. They will allow working Americans to follow healthy recommendations at vending machines and in cafeterias, he said. The guidelines will also make it easier to eat a diet that protects against heart disease, diabetes and some forms of cancer, the letter said.


APHA celebrates health reform anniversary
A year after the Patient Protection and Affordable Care Act was signed into law, APHA celebrated its first anniversary.

Benefits of the law, which aims to create a shift in the nation’s health system from one of sick care to one that emphasizes health and wellness, are already being felt, APHA said in a news release. “Last year, the president and Congress made a collective commitment to reduce soaring health care costs and improve access to quality, affordable health care that has eluded millions of Americans for far too long,” said Georges Benjamin, MD, FACP, FACEP (E), executive director of APHA. “Thanks to their actions, countless families across the country are now reaping tremendous health benefits and counting on the lifesaving provisions included in the measure to continue to protect their health and well-being.”

Established under the health reform law, the Prevention and Public Health Fund represents the first time that the United States has made a sustained, dedicated investment in improving public health, according to APHA. The fund supports disease and injury prevention programs in low-income and underserved communities, tackles a range of health concerns such as obesity and tobacco use and improving flu prevention, and strengthens state and local public health infrastructure by supporting data collection and analysis for clinically and community-based prevention activities and expanding and improving training for the public health workforce.

“On behalf of the public health community, we call on Congress to protect the Affordable Care Act and the lifesaving provisions included in the law that provide millions of Americans the opportunity to live full, healthy lives,” Benjamin said. — Charlotte Tucker

APHA celebrates National Public Health Week across the nation
APHA CELEBRATED National Public Health Week with the theme “Safety is No Accident: Live Injury-Free” April 4–10.

APHA Executive Director Georges Benjamin, MD, FACP, FACEP (E) and President Linda Rae Murray, MD, MPH, took to the road to celebrate. The week began with a Twitter chat April 4 that drew almost 600 tweets and continued with a briefing on Capitol Hill April 5 emphasizing the importance of injury and violence prevention.

Full coverage of National Public Health Week will be featured in the July issue of The Nation’s Health. — Charlotte Tucker

Editor’s note: This article was corrected post-publication
Health reform to have significant benefits for rural Americans

As Congress debates whether the Patient Protection and Affordable Care Act will be implemented, we should remember a minority population that will greatly benefit from prompt and complete implementation: rural America.

Today, about 25 percent of Americans live in rural communities. The U.S. government has difficulty defining what is rural. Definitions have changed over time and differ by what department of the government is writing the definition. For health care, it is easier to come up with a definition — rural communities are hurtling.

A rural-urban disparity in health status has been well documented. People living in rural counties are more likely to report that their health is fair or poor and are more likely to be obese and have diabetes or asthma. They are also less likely to meet guidelines for physical activity and more likely to report being disabled.

The proportion of uninsured Americans is greater in rural communities — the less the population density, the greater the percentage of uninsured. In the smallest rural communities, about 25 percent of the population has no insurance, compared to 19 percent in urban settings.

Rural communities also have more risk factors for being uninsured. Thirty percent of rural residents without medical insurance are unemployed, compared to 27 percent of urban dwellers. Rural residents are also more likely to be employed in small companies or to be self-employed than their urban counterparts. Rural communities have structural conditions that make private insurance approaches less likely to work. The low population density and nature of employment makes insurance pools and access to private plans more difficult.

There is also a maldistribution of the health care workforce and of medical resources in rural areas. Less than 10 percent of the nation’s physicians are located in rural communities, where almost a quarter of the population lives. Rural hospitals face significant operating challenges and have difficulty keeping pace with medical technology.

People in rural communities will greatly benefit from full implementation of the Affordable Care Act. The higher rates of uninsured can only be addressed by real medical insurance reform, and that means strengthening and expanding the law.

Rural communities have a greater dependence on public insurance programs such as Medicare, Medicaid and the State Children’s Health Insurance Program. One-fifth of the rural population younger than age 65 receives health care from a public source. More than half of rural adults have incomes below 200 percent of the federal poverty level, making it clear that strict regulation of insurance companies is necessary to provide adequate coverage for adults.

These facts are part of the reason why Vermont’s governor in February proposed a single-payer health system to serve state residents. The nation would do well to remember our rural roots and follow Vermont’s example.

Linda Rae Murray, MD, MPH
president@apha.org
**APHA member groups seek nominations for awards**

APHA’s many member groups — including dozens of Sections, Special Primary Interest Groups and Student Assembly — are now seeking nominations for their annual awards.

Recognizing outstanding contributions to public health, the awards will be presented at APHA’s 139th Annual Meeting in Washington, D.C. Throughout the Oct. 29–Nov. 2 event, awards will be given to select members and organizations for their exceptional work in their particular areas of public health.

“Whether you’re a member of a Section, SPIG, Caucus or the Student Assembly, receiving an award from an APHA member group is a great honor,” said APHA Director of Component Affairs Frances Atkinson, MSM.

“Some of the awards even cover Annual Meeting registration fees.”

The dozens of awards presented at the Annual Meeting represent a range of public health fields, including aging, health promotion, mental health, social work, epidemiology, international health, public health nursing, oral health, environmental health and maternal and child health.

Awards are selected individually by each member group and are presented at events such as business meetings, socials, luncheons and receptions. Awards are presented to everyone from public health professionals with years of experience in their selected fields to students just getting started in their public health careers.

For information on the awards, visit the APHA website at www.apha.org/membergroups/sections/2011sectawards.htm.

The award nomination process and deadline varies by member group. For more information or criteria on a specific award, contact the award chair or Section chair who is listed for that member group.

— Teddi Dinely Johnson

**Midyear Meeting to chart course for implementing health reform**

An array of health leaders will offer insights and strategies from their real-world experiences with health reform and public health during APHA’s upcoming Midyear Meeting.

Among those sharing their expertise at the three-day meeting will be Jennifer Granholm, former Michigan governor, who battled her state attorney general’s efforts to undermine the Affordable Care Act.

Another speaker at the meeting will include Susan Dentzer, editor-in-chief of the journal Health Affairs, and Celinda Lake, president of Lake Research Partners, a national polling firm.

The Midyear Meeting, to be held in Chicago June 23–25, will focus on implementing health reform and will allow attendees to learn what the Affordable Care Act will mean for public health, wellness and prevention.

The goal of the meeting is engagement, said Susan Polan, PhD, APHA associate executive director for public affairs and advocacy. With the recent one-year anniversary of health reform, now is a pivotal time to meet on the issues at hand.

“While several important provisions of the Affordable Care Act have taken effect, full implementation of the new law is far from certain,” Polan said. “Cut’s proposed in Congress may both undermine and jeopardize existing public health programs. The time to engage is now.”

Meeting sessions will focus on topics such as technological and fiscal implications of health reform, developing the public health workforce, achieving prevention and wellness and legal challenges to health reform.

Continuing education credits will be available at the meeting. Participants who register by May 20 will receive discounted rates. For more information, visit www.apha.org/midyear.

— Charlotte Tucker

**APHA manual on communicable diseases wins apps competition**

APHA’s “CONTROL of Communicable Diseases Manual” now boasts an honor few futurists could have predicted when the book was first published in 1916.

In February, Microsoft named the popular reference manual a winner in its Windows Phone Government Apps Contest. Microsoft launched the contest for state and local government partners in December, challenging applicants to create and submit apps that serve the public’s benefit.

Spanning a century of successes, the manual’s digital version, “Control of Communicable Diseases Manual for Mobile + Web,” repackages the print edition’s comprehensive and up-to-date information about the occurrence, transmission, resistance and control of infectious diseases and makes it available for download to a range of mobile devices — including iPhone, Blackberry, Android, Windows Mobile and Palm — or to a laptop or personal computer.

Created through a partnership between APHA and Unbound Medicine Inc. of Charlottesville, Va., the digital manual’s easy-to-consult format is designed to help public health workers get answers fast. Unbound Medicine’s technology platform allows the content to be viewed on a range of mobile devices.

“APHA encourages public health practitioners to take advantage of this vital and nimble technological tool to help identify and control disease and protect health,” said APHA Executive Director Georges Benjamin, MD, FACP, FACEP (E).


— Teddi Dinely Johnson

**Informatics Agenda for Public Health**

**Setting the Next Informatics Agenda for Public Health**

**MAY 25–27, 2011**

**SWAN AND DOLPHIN HOTEL ORLANDO**

Join your peers at this national meet-up on public health!

Breakout sessions will focus on key areas of public health:
- Ethics
- Technical Frameworks
- Professional Training and Workforce Development
- Research and Evaluation
- Sustainability

**Inspiring Keynote Speakers:**

Seth Foldy, MD, MPH, FAAFP
Director, U.S. Centers for Disease Control and Prevention (CDC), Public Health Informatics and Technology Program Office (PHITPO)

William A. Yasnoff, MD, PhD, FACMI
Principal, NHII Advisors; Adjunct Professor, Health Sciences Informatics, Johns Hopkins University

**Registrants for PHI2011 are welcome to attend—same location—a cost-free crash course on Meaningful Use, developed especially for public health professionals, presented by AMIA and CDC!**

Find program schedule and registration information online at http://phi2011.amia.org
The more your employees know, the more your organization will succeed.
And you’re one click away from making it happen.

Give your employees access to a quality online education. American Public University has more than 75 online degrees in a wide variety of specialties, including public health and nursing. Our tuition is far less than other top online universities so you can help further your employees’ education without breaking the bank. You might even find some classes that are right for you too.

Learn more about one of the best values in online education at StudyatAPU.com/publichealth

American Public University

Scan code or text “APU” to 44144 for more information.
Message and data rates may apply.
Guidebook helps public health workers respond to climate change

PUBLIC HEALTH workers have a key role to play in addressing climate change and protecting the health of their communities, according to a new guidebook from APHA.

The guidebook, “Climate Change: Mastering the Public Health Role,” provides the public health community with positive actions “that we believe can go a long way toward bringing people up to speed on climate change and health,” said APHA Executive Director Georges Benjamin, MD, FACP, FACEP (E).

“Anyone who reads the document will find important tips on how they can begin a dialogue in their own communities,” he said.

The guidebook, released in April, is the outgrowth of a successful 2009–2010 webinar series on climate change and health that was hosted by APHA and the Centers for Disease Control and Prevention. More than 2,600 public health professionals tuned in to the webinar series. The second round of the series kicked off in March and will continue with three more webinars this year.

The original webinar series highlighted the international and U.S. human health impacts of climate change and ways public health departments are addressing the challenge. In one webinar, leaders from the U.S. Department of Health and Human Services discussed the future of climate change and how public health fits in, while another described California’s Climate Action Team, a multi-agency group providing coordination and oversight on the issue.

Among the climate change-related threats to human health are heat-related illnesses and deaths from air pollution. Other human health issues include malnutrition, infectious diseases and storm injuries. Climate change could also stress already-vulnerable populations, the guidebook noted. In 2000, some of the world’s poorest countries experienced an additional 160,000 estimated deaths because of the effects of climate change, according to the World Health Organization.

The new guidebook encourages the public health community to help bring the issue to the forefront by engaging in coordinated state and local activities, supporting competencies for health workers and cultivating specialized skills for front-line workers.

The guidebook is online now at www.apha-environment.org. To take part in the ongoing webinar series, visit the website. For more information, email mira.schanker@apha.org or call 202-777-2448.

— Donya Currie

Study examines unintentional injury

More than 20 percent of male high school students and 13 percent of female high school students reported unintentionally injuring another person in 2007, according to a study in the April issue of APHA’s American Journal of Public Health.

Researchers surveyed 1,800 high school students in Boston and found that unintentionally injuring another person is a fairly common event for high school students.

Researchers found a gap in previously gathered information. They noted that for non-motor vehicle unintentional injuries, data on the injured are rarely collected.

Risk factors for unintentionally causing an injury in sports included being male, exercising, participating in organized activities and carrying a knife. Using illegal drugs, having friends who are a bad influence and carrying a knife were risk factors for unintentionally causing an injury not associated with sports, researchers found.

The authors say the study shows that unintentional injury by another person is a topic that should be studied more.

“To design effective countermeasures, we first must learn more about the circumstances of both sports and nonsports injuries,” they wrote. (Page 665)

Whites smoke more than other groups

Non-Hispanic white Americans are more likely to have smoked, and to be heavier smokers than blacks, Asian and Pacific Islanders and Hispanics, according to a study in the April AJPH.

The study found that racial and ethnic minorities were more likely to be light and intermittent smokers and were less likely to smoke within 50 minutes of waking. Racial and ethnic minorities were also less likely to use nicotine replacement therapy when they quit smoking.

Though the data indicates that racial and ethnic minorities may smoke less, the study found that they also might have less success quitting compared to non-Hispanic whites.

The study’s authors suggest that tailoring approaches to increase cessation for racial and ethnic groups may be optimal. They note that interventions to increase cessation were “generally based on non-Hispanic white populations who have markedly different smoking patterns from those observed in racial (and) ethnic minority groups.” (Page 699)

Study: Shift model for addiction treatment

A study in the April AJPH of more than 1,300 substance abusers entering treatment found there might be a need to shift the addiction treatment field “from an acute care model to a chronic disease management paradigm,” the study’s authors said.

Data were gathered from more than 1,300 adults admitted to treatment programs in Chicago between 1996 and 1998.

The study found that people who were readmitted for treatment in the first six months after beginning treatment were more likely to remain abstinent, while those readmitted after six months were less likely to continue to abstain from substance use.

The study’s authors pointed to other research showing that intense initial treatment and early reinsertion have been associated with sustained abstinence over multiple years.

The study’s authors wrote that it is important that drug use be added to the list of conditions for which regular screening and monitoring is expected. (Page 737)

— Charlotte Tucker
The Affordable Care Act has profound implications for public health. While several important provisions have taken effect, full implementation of the new law is far from certain. Dramatic cuts proposed in Congress may both undermine health reform and existing public health programs. The time to engage is now, and your participation is critical!

Here’s what’s at stake:
- Quality, affordable care for tens of millions of uninsured Americans;
- $15 billion in dedicated prevention and public health funding; and
- Unprecedented investments in the public health infrastructure.

Join us for “Implementing Health Reform — A Public Health Approach,” a pivotal conference to chart the next steps for transforming our nation’s health system, advancing prevention and wellness, and improving the health of our communities. Find out more at www.apha.org/midyear.

Register by May 20 and Save!
Register online at www.apha.org/midyear/registration. Save $60 if you register by May 20. Special discounts are also available for APHA members and members of the Midyear Meeting partner organizations.

Discounted Hotel Rates
All sessions and events for the Midyear Meeting will be held at the Sheraton Chicago Hotel and Towers. Special discounted rates are available at www.starwoodmeeting.com/Book/aphamidyear.

Detailed agenda, speakers, travel discounts, registration, housing and continuing education information can be found at www.apha.org/midyear.
Report finds gaps in preventive care

Some older adults not receiving potentially lifesaving services

Potentially lifesaving preventive services are not reaching all of America’s older adults, and in many cases minorities are less likely than whites to be screened for common health problems, new findings show.

A federal report released in March highlighted the need to promote preventive services for adults ages 65 and older. For example, more than 50 percent of Hispanics, 47 percent of blacks and Asian and Pacific Islanders and 36 percent of whites ages 65 and older reported never receiving a pneumococcal vaccine.

“People are dying from colon cancer and preventable pneumonia and diabetes because it’s out of control, and that doesn’t need to happen,” Steven Wallace, PhD, associate director of the University of California Los Angeles Center for Health Policy Research, told The Nation’s Health.

Wallace, former chair of the APHA Aging and Public Health Section and an APHA member, experienced first-hand the devastating effects of a lack of cancer screening. His mother-in-law died of colorectal cancer at age 69. Not one to receive regular colonoscopies, her tumor was not diagnosed until it was the size of a grapefruit.

The report, published by the Centers for Disease Control and Prevention in partnership with the Administration on Aging, for Healthcare Research and Quality and Centers for Medicare and Medicaid Services, illustrates gaps in preventive care utilization and also offers examples of community-based solutions. Those include offering influenza vaccinations at polling places on election days.

The report looked at access rates for preventive services such as influenza and pneumococcal vaccines, smoking cessation counseling and screening for cancer, diabetes and osteoporosis.

Most preventive services in the report showed gaps, with screening rates lower than Healthy People 2020 recommendations, as well as access issues for some minorities. Groups including AARP and the Association of State and Territorial Health Officials contributed to the report, in some cases offering recommendations for improving access.

The full report, “Enhancing Use of Clinical Preventive Services Among Older Adults: Closing the Gap,” is available at www.cdc.gov/aging.

—Iona Carie

Slow progress in improving disparities in access to care

While health care quality is slowly improving, disparities in access to care persist, according to two recent federal reports.

Released in February by the Agency for Healthcare Research and Quality, the reports found disparities based on race and ethnicity, socioeconomic status and other factors “persist at unacceptably high levels.”

Data in the reports were based on more than 200 health care measures categorized in such quality areas as effectiveness, patient safety, timeliness, access and cost of care.

“All Americans should have access to high-quality, appropriate and safe health care that helps them achieve the best possible health, and these reports show that we are making very slow progress toward that goal,” said Carolyn Clancy, MD, director of the AHRQ and an APHA member.

“We need to ramp up our overall efforts to improve quality and focus specific attention on areas that need the greatest improvement.”

The reports found few disparities in quality of care are decreasing and almost no disparities in access to care are getting smaller.

Overall, Hispanics received worse care than whites for about 60 percent of core measures, blacks and American Indians and Alaska Natives received worse care than whites for about 40 percent of core measures and Asians received worse care than whites for about 20 percent of core measures.

Of the 22 measures of access to health care services tracked in the reports, 40 percent worsened and about 60 percent showed no improvement. Americans reported barriers to care one-fifth of the time, rangeing from 3 percent of people saying they had trouble getting prescription medications to 60 percent of people saying their usual care provider did not have night or weekend office hours. Among the disparities in core access measures, only the gap between Asians and whites in the percentage of adults who reported having a specific source of ongoing care showed a reduction.

The reports found wide variations in the receipt of different types of preventive services. For example, 20 percent of high-risk adults ages 18-64 had ever received pneumococcal vaccinations, yet 94 percent of children ages 19-35 months had received three doses of polio vaccine. On average, the reports found people received recommended preventive services two-thirds of the time and appropriate acute services three-quarters of the time.


—Iona Carie

IoM report: Some Healthy People goals need immediate attention

Chronic diseases, injury and access to care are among the 12 Healthy People 2020 indicators the Institute of Medicine has singled out as “immediate, major health concerns.”

In a March report, an IoM committee outlined objectives needing priority attention as the public health community works to reach Healthy People goals. Those objectives include increasing educational achievement of teens and young adults, reducing coronary heart disease deaths, lowering tobacco use and increasing the number of people with a usual primary care provider.

Among the 12 areas of major concern highlighted in the report are healthy behaviors, physical and social environments, mental health, responsible sexual behavior and healthy births.

The report also underscores the importance of zeroing in on tobacco use and substance abuse.

“This report’s recommendations will help policymakers and health professionals at the national and local levels focus their actions aimed at achieving the Healthy People 2020 goals,” said David Nerenz, PhD, chair of the report’s authoring committee and director of the Center for Health Services Research for Henry Ford Health Systems.

For example, in the area of substance abuse, the report recommended focusing on the objectives to reduce past-month use of illicit substances and to reduce the number of people engaging in binge drinking.

The report’s authors suggested federal health officials highlight the key Healthy People indicators and objectives “in communications to state and local health departments, use them as a guide for funding priorities in department programs and use them as priority guides for ongoing departmental public health data collection and reporting activities.”

The report, which was sponsored by the U.S. Department of Health and Human Services, also found three Healthy People 2020 topics were health objectives. The authoring committee proposed objectives for social determinants of health, health-related quality of life and well-being and lesbian, gay, bisexual and transgender health.

Another recommendation was to use the priority Healthy People 2020 indicators to reach three objectives, one is to elicit awareness among the general population in ways to improve health. Another is to motivate diverse population groups “to engage in activities that will exert a positive impact on specific indicators.” And giving attention to the key indicators should also provide the indicators a “real-time check about the progress toward improving the status of those indicators.”

The full report, “Leading Health Indicators for Healthy People 2020,” is online at www.nap.edu.

—Iona Carie

Photo by Levent Kunak, courtesy iStockphoto

Many older Americans do not receive potentially lifesaving preventive care, a recent federal report found.
NATION IN BRIEF

HHS launches new anti-bullying website

Amid rising concern about the effects bullying has on the nation’s youth, the U.S. Department of Health and Human Services in March launched a new anti-bullying website, StopBullying.gov.

“Brushing aside bullying as either a problem that can’t be solved or one that isn’t serious misses the terrible impact that it can have on a young person’s life — especially young people who feel alone,” said HHS Secretary Kathleen Sebelius during the March 11 White House Conference on Bullying Prevention. “We know that hurt and pain from bullying lasts long after the bullying itself takes place. Students involved in bullying are more likely to struggle in school, use drugs and alcohol and have physical and mental health issues that can linger well into adulthood.”

The site includes warning signs of bullying and ways to get help and is designed for bullying prevention and response. There also is a toolkit for bullying prevention and information about programs that have been effective at reducing bullying.

“It’s a perfect starting point for young adults, teens, elementary school children, parents, educators and others in the community who work with young people,” Sebelius said.

Teen birthrate at historic low

The teen birthrate dropped 8 percent in the United States from 2007–2009, reaching a historic low of 39.1 births per 1,000 teens ages 15–19.

The data, released in February by the National Center for Health Statistics, found pregnancy rates fell significantly for teens in all age, racial and ethnic groups. Teens who give birth are more likely to deliver low birthweight or preterm infants.

“The recent trend marks a resumption in the long-term decline in teenage childbearing that started in 1991,” according to the report. “Previous studies have suggested that these declines reflected the impact of strong teenage pregnancy prevention messages that accompanied a variety of public and private efforts to focus teenagers’ attention on the importance of avoiding pregnancy.”

The report on teen births, “NCHS Data Brief Number 58,” is available at www.cdc.gov/nchs.

More teens smoking menthol cigarettes

The use of menthol cigarettes is rising among U.S. teenagers, particularly minorities, according to members of the U.S. Food and Drug Administration’s Tobacco Products Scientific Advisory Committee.

The committee, which issued a report in late March on the overall health concerns tied to menthol cigarettes, found such cigarettes do not pose a worse health risk than nonmenthol varieties. Yet the flavoring may lead young people to more readily take up smoking, the report found.

The committee found more than 80 percent of black teen smokers and more than 50 percent of Hispanic teen smokers use menthol cigarettes. And youth ages 12–17 smoke menthol cigarettes at a higher rate than any other age group, the report found.

FDA officials are now weighing the report findings to determine whether to limit or ban the sale of mint-flavored cigarettes.

“Unregulated factory farm air pollution at some sites is now dirtier than America’s most polluted cities, according to a recent report from the Environmental Integrity Project. Released in March, the report called for an end to Environmental Protection Agency pollution exemptions for live-stock operations and found air at some factory farm sites in the United States exposes workers to concentrations of pollutants far above occupational safety guidelines.

The report said the pollution levels are high enough to suggest people living near the large live-stock operations may be at risk. Estimated emission levels at some sites were higher than amounts reported by large industrial plants.

“No other major industry in the United States would be permitted to pollute at these levels without EPA oversight,” said Tarah Heinz, report author and an attorney with the Environmental Integrity Project. “Our findings indicate that citizens near factory farms may be breathing unsafe levels of small particle pollution, ammonia and other toxic gases and that EPA’s failure to regulate air pollution from these operations may threaten public health.


— Donya Carie

FACTORY FARMS’ AIR POLLUTION A PROBLEM

Unregulated factory farm air pollution at some sites is now dirtier than America’s most polluted cities, according to a recent report from the Environmental Integrity Project. Released in March, the report called for an end to Environmental Protection Agency pollution exemptions for live-stock operations and found air at some factory farm sites in the United States exposes workers to concentrations of pollutants far above occupational safety guidelines.

The report said the pollution levels are high enough to suggest people living near the large live-stock operations may be at risk. Estimated emission levels at some sites were higher than amounts reported by large industrial plants.

“No other major industry in the United States would be permitted to pollute at these levels without EPA oversight,” said Tarah Heinz, report author and an attorney with the Environmental Integrity Project. “Our findings indicate that citizens near factory farms may be breathing unsafe levels of small particle pollution, ammonia and other toxic gases and that EPA’s failure to regulate air pollution from these operations may threaten public health.


— Donya Carie

BECOME A PUBLIC HEALTH DONOR TODAY

When you donate to public health you are supporting your ability and the ability of your family, community and that of future generations to live a long, happy, healthy and productive life.

www.apha.org

Questions? Email development@apha.org or call 202.777.2486

APHAs non-profit 501 c3. Contributions are tax-deductible.

American Public Health Association

PHOTO BY GLENDA POWERS, COURTESY OF STOCKPHOTO

AIR AT SOME FACTORY FARMS EXPOSES WORKERS AND NEARBY RESIDENTS TO AMMONIA AND OTHER POTENTIALLY TOXIC GASES, A REPORT FOUND.
Join your colleagues for the most important public health event of the year. The APHA 139th Annual Meeting and Exposition will take place in Washington, DC at the Washington Convention Center, October 29–November 2, 2011.

**APHA IN WASHINGTON, DC**

The APHA Annual Meeting & Exposition is the place to experience cutting edge public health education and networking opportunities! Learn from experts in the field, hear about the latest research and exceptional best practices. Discover the latest public health products and services and share new perspectives on public health with your peers. Now is the time to be involved.

Visitors to Washington, DC enjoy access to an impressive list of free and fascinating attractions, from the powerful monuments and memorials on the National Mall to inspiring cultural treasures like the Smithsonian Institution, Library of Congress and National Gallery of Art. A diverse and beautiful world capital, DC invites visitors to step beyond these federal landmarks to explore charming neighborhoods like historic Georgetown, eclectic Adams-Morgan and trendy U Street. DC’s neighborhoods tempt visitors with chic boutiques, hip new restaurants and bars, world-class theatres, art galleries and peaceful parks and gardens. Thanks to DC’s pedestrian-friendly streets and its safe, efficient public transportation system—it’s easy to get from your hotel to Washington, DC’s attractions.

**HEALTHY COMMUNITIES PROMOTE HEALTHY MINDS AND BODIES**

The 139th APHA Annual Meeting theme “Healthy Communities Promote Healthy Minds and Bodies” provides the perfect platform for an in-depth look at efforts to improve the health of our communities. Public health starts in the communities where we live, work, and play.

The World Health Organization (WHO) defines health as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.” Health is influenced by a complex interaction of factors including, housing, transportation options, access to health care and healthy foods, education, neighborhood safety, air and water quality and social networks. As a result, communities with limited access to these resources are more likely to experience poorer health.

A healthy communities approach recognizes that physical and social environments and community resources heavily impact health behavior. Through integrated systems and policy changes we can create long-term sustainable opportunities to enhance health. Join APHA as we explore some successful community models and discuss how these practices can be adopted to reduce health disparities and improve health outcomes for all.
Discover what awaits you at the APHA 139th Annual Meeting & Exposition. With more than 1000 scientific sessions, 700 exhibits, and 12,000 attendees, this will be a meeting you won’t want to miss!

- **NETWORK**—12,000 public health colleagues
- **EXPERIENCE**—Dynamic Opening and Closing General Sessions
- **DISCOVER**—Public Health Expo with the latest products and services
- **COLLABORATE**—1,000 cutting edge scientific sessions
- **ACHIEVE**—Continuing Education Credits
- **RENEW**—Mix and Mingle Lounge
- **CELEBRATE**—Public Health Awards Reception and Ceremony
- **INTERACT**—Daily Poster Sessions
- **ADVANCE**—Job Opportunities await at the Public Health CareerMart
- **ENJOY**—Night of Entertainment
- **SOCIALIZE**—Business Meetings and Social Hours

**HOUSING AND REGISTRATION**

Registration and Housing will open June 1. A list of all official APHA hotels and discounted rates will be available at that time.

In order to confirm hotel reservations, discounted rates at the official APHA Annual Meeting hotels and access to complimentary shuttle bus service to the convention center, attendees must make their hotel reservations through the official APHA Housing Service.

**PROGRAM AT A GLANCE**
Air pollution a key heart attack trigger

Air pollution triggers about the same number of heart attacks as individual risk factors such as physical exertion, alcohol and coffee, according to a study published online Feb. 23 in the Lancet.

Researchers combined data from 36 separate studies and found anger, positive emotions, sexual activity, cocaine or marijuana use and respiratory infections also can trigger heart attacks to different extents. They found air pollution increased the risk of heart attacks by 5 percent, while cocaine use increased the risk by 23 times. Yet because the entire U.S. air pollution and only a tiny fraction is exposed to cocaine, air pollution triggers many more heart attacks than cocaine, the study found.

“Of the triggers for heart attack studied, cocaine is the most likely to trigger an event in an individual, but traffic has the greatest population effect as more people are exposed to the trigger,” the study’s authors wrote. “Improvement in the air we breathe is a very relevant target to reduce the incidence of this disease in the general population.”

Pre-chewing food can be HIV risk for kids

Pre-chewing of food by caregivers can be a risk for HIV infection, found a study in the March 10 Morbidity and Mortality Weekly Report.

The study of caregivers of children receiving care at nine pediatric HIV clinics found 31 percent of caregivers said they or someone pre-chewed food for children in their care. The study also found that pre-chewing food or medicine and feeding it to a child decreased with age, with 44 percent of caregivers younger than 20 and 13 percent older than 40 pre-chewing food.

The study did not determine the HIV status of the caregiver of the children, but a previous report of three pediatric HIV infection case studies suggested HIV may be transmitted by pre-chewing by an HIV-infected caregiver if infected blood is present in the saliva.

The study’s authors said public health officials and providers should educate HIV-infected caregivers about the risk of transmission and advise against pre-chewing food or medication for children.

Most children sleep through fire alarms

Less than one-third of children ages 5–15 will wake up if a home smoke alarm sounds, according to a study published in the March issue of Fire and Materials.

Researchers found 78 percent of children slept through a smoke alarm sounding for 30 seconds. The study also found younger children ages 5–10 were significantly more at risk, with 87 percent sleeping through the alarm, compared to 56 percent of children ages 11–15. Of the few children in the study who did wake up, only half recognized the sound as a smoke alarm. And of those children who recognized the sound as a smoke alarm, only half knew they should evacuate.

“Parents should not rely on their children waking up to the smoke alarm in the event of a fire and should not assume that they will immediately evacuate if they do wake to a fire,” said lead study author Dorothy Bruck, PhD, professor of psychology at Victoria University in Melbourne.

Asthma could increase heart disease risk

Asthma appears to be linked to an increased risk of developing diabetes and heart disease, according to a study presented at the 2011 Annual Meeting of the American Academy of Allergy, Asthma & Immunology in March.

Researchers said in general, asthmatics are more likely to have an allergy-prone immune response that could trigger inflammatory conditions such as coronary artery disease, diabetes, rheumatoid arthritis and inflammatory bowel syndrome. The study found asthma was associated with an increased risk of developing diabetes and heart disease but not inflammatory bowel syndrome or rheumatoid arthritis.

In the study of about 2,400 asthmatics and 4,700

May is Asthma Awareness Month

Asthma is a serious, life-threatening disease that affects your lungs and your ability to breathe. Almost 25 million Americans have asthma. CDC’s National Asthma Control Program helps those with asthma control their disease and breathe easier.

Working together, we can keep America breathing easier.

For more information about asthma, please go to: www.cdc.gov/asthma.
Ohio project working to educate teens about dating violence

In 1992, Ohio teenager Tina Croucher was shot and killed by an abusive ex-boyfriend in her family’s home. Now, almost two decades later, her story is inspiring a new generation of Ohio youth to take a stand against dating violence.

Launched in 2010, the Tina Project is working to educate students and school faculty in Ohio about youth dating violence, how to prevent it and how to help those in abusive relationships.

The project, which is the collaboration of more than a dozen organizations that assist victims of violence, was created to help schools comply with a 2009 state law known as the Tina Croucher Act. The law requires Ohio school districts to incorporate dating violence into their student harassment, bullying or intimidation policies; include dating violence prevention education in the health curriculum for seventh- through 12th-graders; and provide dating violence prevention training for certain school personnel.

“We are so thrilled to be able to get this message out to our young people,” Elsa Croucher, Tina’s mother and executive director of Citizens Against Domestic Violence, told The Nation’s Health. “We knew nothing about teen dating violence when this happened with our daughter and we want people to know what we know. We don’t want another family to go through what we went through.”

In Ohio, the Youth Risk Behavior Survey found that nearly 10 percent of Ohio high school students reported dating violence. A 2009 survey of high school students in Ohio’s Cuyahoga County that was conducted by researchers at Case Western Reserve University found that more than 11 percent of students were hit, slapped or physically hurt by their boyfriend or girlfriend, with the prevalence of dating violence higher among black and Hispanic students than among white students.

Currently, the work of the Tina Project is focused within 11 counties in northeast Ohio, though the goal is to spread the message statewide, said Tim Boehnlein, associate director of the Domestic Violence Center of Greater Cleveland and a co-founder of the Tina Project. The in-school workshops vary depending on the collaborating organization conducting it, but Boehnlein said the Tina Project asks its partners to uphold a handful of guiding principles, such as including multimedia aspects in both student and adult curricula, ensuring that any statistics discussed are nationally recognized and supported by research, talking about healthy relationships as well as dating violence, and training attendees to identify the red flags of an unhealthy relationship. A goal of the project is to conduct five in-school presentations per semester.

In addition to educating students and teachers, the Tina Project works to build and strengthen ties between schools and local service providers, so that students who need help can find it. While their project is still young, Boehnlein said one way organizers will evaluate its impact is whether attitudes and behaviors toward violence change — whether more people will choose not to be a bystander, he said.

The idea is to impact as many students as possible and invite as many counties as possible to come together to provide uniform education and prevention efforts,” Boehnlein said. “It’s about relationships development — the relationship between student and teacher principal and community.”

Terri Heckman, executive director of the battered women’s shelter Summit and Medina Counties and a Tina Project co-founder, said that in her 25 years of working in the field, she has never seen the type of coordination and education now happening because of the Tina Project.

“This is changing the culture of the schools,” Heckman said. “We need everybody to get on board.”

For more information on the Tina Project, visit www.thetinaprocess.org.

— Kim Kirshberg

**States ill-prepared for radiation emergency**

Most U.S. states are poorly prepared to respond to a major radiation emergency event, according to a recent study.

Published online March 14 in Disaster Medicine and Public Health Preparedness, the study found most states had completed little to no planning for public health surveillance to assess potential human health impacts of a radiation event. Few had sufficient resources for public health surveillance, radiation exposure assessment, laboratory functions and other needs, the report found.

Nearly half of the 38 states in the study had no comprehensive radiation emergency response plan.

The study included recommendations for better preparedness, including additional training and resources at the state and federal levels. The authors also encouraged local and state health departments to link with response partners such as the Civil Support Team of the National Guard and the Federal Emergency Management Agency for expertise in responding to radiation.

Read the full study at www.dmphp.org.

**New Jersey looks to residents’ health needs**

New Jersey health officials have called on health providers to recognize the diverse needs of the state’s nearly 2 million foreign-born residents.

The Department of Health and Senior Services released a report in March that found the state’s foreign-born population represents the greatest source of population growth and also is healthier than the native-born population in many areas.

“Many hospitals and physicians are already breaking down barriers to effective patient care by tailoring services to patients’ cultural needs,” said State Health Commissioner Poonam Alaigh, MD, MSHCPM, FACPM.

Health officials said New Jersey has the third highest percentage of foreign-born residents after California and New York, and such residents represent about 20 percent of the state’s population. The report found foreign-born whites and blacks are more likely to be diagnosed with high blood pressure the longer they live in the United States, while prevalence among foreign-born Asians decreases over time and remains stable among foreign-born Hispanics.


**Smoke-free workplace bill advances in Texas**

A bill that would ban smoking in the workplace has been making progress in the Texas Legislature, passing two key committees in the Senate and House.

Public health advocates lauded the progress of House Bill 670 and Senate Bill 355, which are products of bipartisan consensus reached after several years of collaboration among numerous lawmakers and stakeholders, according to the Smoke-Free Texas Coalition, a group that has worked to support a statewide workplace smoking ban. Such bans are in place in more than 20 states and hundreds of municipalities.

“A statewide smoke-free workplace law would improve the health and well-being of Texans across the state and would benefit the Texas economy by providing significant cost savings for businesses and taxpayers,” said Melinda Little, co-chair of the Smoke-Free Texas Coalition and also southern regional director for the Campaign for Tobacco-Free Kids. “All Texas employees and customers deserve the right to breathe clean indoor air in the workplace.”

The group released a poll in February that found 76 percent of Texan smokers support prohibiting smoking in indoor places, including restaurants and bars.

For more information, visit www.smokefree.texas.org and www.nosmoke.org.

— Donya Currie
Clean Air Act saves lives, yet efforts to undermine its protections increase

CLEAN AIR, Continued from Page 1

the Clean Air Act’s record of protecting the public from air pollution.

“With the help of existing technologies, we will be able to take reasonable steps that will provide drastic protective actions to our children and loved ones, preventing premature deaths, heart attacks and asthma attacks,” Jackson said.

APHAs is part of a coalition of groups voicing its support for the regulation of emissions from coal-fired power plants.

“Hazardous air emissions from coal- and oil-burning power plants cause a whole range of serious and immediate human health risks,” said Georges Benjamin, MD, FACP, FACEP (E), executive director of APHA. “These pollutants can worsen asthma and other respiratory diseases, cause heart attacks, cancers and stroke, and exact an enormous economic toll in terms of health-related costs and lost productivity.”

EPA expects the rule would provide particular health benefits for children, preventing 120,000 cases of childhood asthma symptoms and about 11,000 fewer cases of acute bronchitis each year.

If the rule is finalized in its present state, it would require power plants to install pollution control technologies that would cut emissions of hazardous air pollutants. Those pollutants are toxic emissions that are known or suspected to cause cancer or other serious health effects, such as reproductive problems or birth defects, according to the American Lung Association.

According to EPA, coal-fired power plants are responsible for 99 percent of mercury emissions.

More than half of all power plants already use the pollution control technologies that would be required by the new rule, EPA said.

Nolen said the American Lung Association is still studying the proposal but that it shows that EPA is being careful to make sure its requirements are flexible. The rule would not require coal-burning plants to use a specific control technology, because facilities vary greatly. Instead, the rule would set limits on what toxics can be emitted and would require plants to control those emissions using the technology they see fit.

Some plants might choose to switch from burning coal to burning natural gas as a way to meet the requirements, for example, Nolen said.

In the United States, coal-fired power plants generate about 49 percent of the country’s electricity, according to the World Coal Institute.


Attacks on Clean Air Act on the increase

Despite the positive progress report on the Clean Air Act and the power plant proposal, clean air advocates are concerned about increasing efforts in Congress to limit EPA’s authority.

On March 15, the House Energy and Commerce Committee approved H.R. 910, the Energy Tax Prevention Act of 2011, that would exempt greenhouse gases from EPA’s regulatory purview. The bill would also repeal numerous agency actions to implement emission restrictions. The Senate is considering a similar measure sponsored by Sen. Mitch McConnell, R-Ky.

Fortunately, EPA and the Clean Air Act have many supporters. In March, APHA joined with key congressional legislators and health and environmental groups at a Capitol Hill press briefing in support of the law. During the briefing, supporters highlighted the benefits of the Clean Air Act and potential dangers if it is rolled back.

“These negative effects can and would include increased medical complications, increased hospitalizations and even mortality,” said Jeffrey Levi, PhD, executive director of Trust for America’s Health and an APH A member.

“Simply put, the science says air pollution is bad for our health. Rolling back EPA’s ability to protect the public from this threat literally has life and death stakes.” — Jeffrey Levi

NEW RELEASE!

Environmental Health and Racial Equity in the United States

By Robert D. Bullard, PhD; Glenn S. Johnson, PhD; and Angel O. Torres, MCP

“...it is clear that unless the environmental justice framework put forth in this book is pursued and fully implemented we will not achieve the goal of eliminating disparities in health in the United States or the goal of global health equity put forth by the World Health Organization’s Commission on Social Determinants of Health.”

David Satcher, MD, PhD, 16th Surgeon General of the United States Director, Satcher Health Leadership Institute, Morehouse School of Medicine

Environmental Health and Racial Equity in the United States: Building Environmentally Just, Sustainable, and Livable Communities, a first-rate account of events, individuals, and organizations that have shaped the environmental justice movement over the past two decades. This book will be an excellent source of information that every serious scholar of the subject should want to have in their collection. The struggles chronicled should be both instructive and inspirational to any one who wants to make a difference.

In collaboration with the W.K. Kellogg Foundation

APHA PRESS


APHA Member Price: $49.00, List Price: $70.00

ORDER ONLINE: www.aphabookstore.org

E-MAIL: APHAP@PBD.COM  TEL: 888-320-APHA  FAX: 888-361-APHA

For more information on the proposed rule to limit toxic emissions from U.S. power plants, visit www.epa.gov/airquality/powerplanttoxics.

To take action in support of the Clean Air Act through APH A, visit www.apha.org/advocacy.

— Charlotte Tucker
New edition sets 10-year goals, objectives for nation

HHS’ Penelope Slade-Sawyer: Healthy People 2020 inspires people to improve health of communities

In December, the U.S. Department of Health and Human Services released the fourth edition of Healthy People. Hailed as the public health roadmap for the nation, the Healthy People program has been guiding public health efforts for 30 years. Released every 10 years since 1980, the initiative is grounded in the principle that setting national objectives and monitoring progress can motivate action. Healthy People 2020 includes new objectives and more than 1,300 measures to improve Americans’ health. Guiding its implementation is Penelope Slade-Sawyer, MSW, deputy assistant secretary for health, disease prevention and health promotion at HHS.

It’s been a few months since the Healthy People 2020 launch. How has it been received so far?

We think it has been received very well. We’ve had a very positive response from across the board with our stakeholders, and to some of the things we think it’s so appreciated is because it is a stakeholder-driven process from start to finish. In other words, all of the people who participated in the development of Healthy People have the opportunity to use Healthy People. When the people that you want to serve have some input in the final product, buy-in comes naturally, and one of the geniuses of Healthy People is that it is stakeholder-driven.

Health threats continue to prevent many Americans from reaching their highest attainable standard of health. How does Healthy People 2020 bring a new vision to these efforts?

We have moved beyond the parameters of earlier iterations of Healthy People by directing the attention of Healthy People 2020 to health determinants in a very deliberate way. We are recognizing more and more that the health of our nation is impacted by many factors beyond the traditional realm. The physical environment, the social environment, where you live, where you work, what your income level is, what your educational attainment is, and the ability to impact your community, all go into creating health, along with personal choices.

Healthy People 2020 has new goals and new topic areas that reflect advances in science and the recognition of national challenges to the nation’s health. What are some of the new goals and topic areas?

Healthy People 2020 has moved beyond the two goals of Healthy People 2010 to embrace four overarching goals. The first is to attain quality, longer lives free of preventable disease, disability, injury and premature death. Secondly, we are focused on achieving health equity, which goes beyond eliminating disparities that we did in 2010 — to achieve health equity, eliminate disparities. The third goal is to create social and physical environments that promote good health, and that of course is the social determinants piece of Healthy People. And fourth is to promote quality of life, healthy development and healthy behaviors across the lifespan to include all life stages.

How is Healthy People inspiring action across the nation?

Healthy People is recognized across the country as the nation’s health goals as set out by the Department of Health and Human Services, and so Healthy People 2020 brings together individuals at the state level and the local level and communities, and we hope it inspires people where they live, where they work, where they go to school, where they play — to work together to increase the health of the community.

That second overarching goal is to achieve health equity and eliminate disparities, so we recognize that in order to do that, there must be a health in all policies approach. In other words, the policy-makers across the board — we want to raise their consciousness so they are aware that they do may have an impact on health. So this “health in all policies” approach, we believe, is going to inspire action.

What tools and resources are available to help organizations and states plan programs in their own communities?

We have responded to some of the challenges of past iterations of Healthy People by moving forward to develop implementation strategies and ideas. There is an implementation section, for instance, on our website where examples of implementation and planning, funding resources, links to state Healthy People plans, etc., provide guidance for developing implementation, and we are certainly not finished. We have another federal advisory committee meeting coming up and we want to talk about implementation strategies.

A community, for instance, on our website where examples of implementation and planning, funding resources, links to state Healthy People plans, etc., provide guidance for developing implementation, and we are certainly not finished. We have another federal advisory committee meeting coming up and we want to talk about implementation strategies. A community, for instance, that wants to create an environment so that its citizens can move more physically active might look on that implementation area and see where other communities have tried things that worked. So everyone doesn’t recreate the wheel over and over again, but begins with strategies and implementation plans that have worked.

Healthy People 2020 has a newly redesigned website. How will the new website make a difference in the everyday work of Healthy People 2020?

We are very pleased with that website because it provides a place where we can continually improve it. New content is added all the time and work groups are developing companion documents and refining the work that’s already been done so that people can go on the website and find what they’re looking for. I know that my copy of Healthy People 2010 had thousands of little flags in the pages so I could find this, that or the other. The website will make that obsolete because you can go to exactly where you want to go on that website with a few clicks. With the content that we have online we can change and tweak and add and delete as we need to and as new data becomes available to us, then it becomes instantly available to you, our users.

What is available to help users implement the social determinants objective?

There is information on the HealthyPeople.gov website about the social determinants of health and we have a specific sub-group dedicated to implementation strategies, so that over the next several months this Healthy People 2020 workgroup will be developing a set of objectives related to the social determinants of health. We think that many of our users know what the social determinants of health are. However there may be some users who don’t know exactly, and we have an animated graphic on the website that explains exactly what the social determinants of health are and why they are so important to health status. A set of objectives will be developed over the next several months related to the social determinants of health. We hope that all of these things together will really bring an important focus to these determinants of health.

To determine the success of Healthy People, how will you be monitoring its progress?

Healthy People has a very big partner. We have many partners but one of our biggest contributors is the National Center for Health Statistics, and NCHS works with us to update data as it becomes available. So progress reviews will also be done periodically by topic area.

Throughout the decade we will be watching to see which direction we are moving from the baselines that are set at the beginning of the decade. As data comes in, we will be able to see whether we are moving toward our targets, away from our targets or are we just treading water.

Is there anything else you want to add about Healthy People 2020?

There are so many people across this country who want to improve the health of our nation. These are our nation’s health goals and the way to achieve them is to meet them in our own communities. We have to get all our horses lined up and pulling in the same direction toward that overarching goal — that we are going to improve the health status of this country. And we do that by state, by community, by individual — all of us moving together in the same direction.

Teddi Dineley Johnson, PhD, MPA, has been director of consumer engagement and communications at the National Center for Health Statistics since 2008. She received her bachelor’s degree in health administration and policy from the George Washington University and currently serves on the board of directors for the National Association of Chronic Disease Directors (NACDD). Johnson has received many awards, among them a Silver Medal from the Association of Health, Data and Information Professionals (AHAPiP), and has been named a 2010 Woman of the Year by the National Council of Women’s Organizations (NCWO). Johnson is a 2011 recipient of the Department of Health and Human Services’ (HHS) Senior Executive Service (SES) Merit Award for Professional Excellence. She is a member of the National Academy of Social Insurance.

Teddi Dineley Johnson

For more information, visit www.healthypeople.gov/2020.
Arizona, Mississippi build capacity as membership grows

With a shared goal of improving the health of their constituents, APHA’s affiliated state and regional public health associations continue to be among the strongest voices for public health in their communities.

Though turbulent economic and political waters have put many states’ health budgets at risk and threatened access to crucial health services, APHA’s affiliated organizations are moving forward as they improve their infrastructures, flex their advocacy muscles and add new members. Among the Affiliates seeing robust growth is the Arizona Public Health Association, which over the past two years has expanded from 426 members to 575 members.

“A lot of members are state and county health department employees, and they recognize that we are able to fight for the public health infrastructure,” said APHA member Jennifer Bonnett, executive director of the Arizona Public Health Association. “We are their voice when they can’t have one, and they see value in joining our association and making it stronger.”

To pinpoint where improvements could be made, APHA’s Arizona Affiliate conducted a membership survey last year. Improvements resulting from the survey include discounted prices for workshops and conferences. The organization’s website has also been redesigned to be more user-friendly.

The Arizona Affiliate has also stepped up its advocacy efforts, Bonnett said. Keeping pace with the fast-moving state legislature, the Affiliate informs members about important legislative actions through weekly phone meetings.

Amplifying its voice as it plans advocacy strategies that promote and protect public health, AZPHA also partners with groups and organizations that have similar goals.

“Partnerships are key in this day and age of limited resources,” Jennie Mullins, MPH, immediate past president of the Arizona Public Health Association, told The Nation’s Health.

More than 1,000 miles to the southeast, the Mississippi Public Health Association is seeing similar infrastructure improvements. In just three years, AHMA’s Mississippi Affiliate has seen its membership grow from 500 members to nearly 700 members, “partially because we reached outside of the state health department for membership,” said MPH Executive Director Charles “Buddy” Daughdrill, CPM.

MPHA’s members still hail predominantly from the state health department, Daughdrill said, “but just by improving our capacity and visibility, it has helped us to develop other partnerships and memberships.”

Thanks in part to a recent grant from the Bowen Foundation — a health organization that supports innovative strategies to improve the health of Mississippians — MPHA continues to bolster its infrastructure. The Affiliate recently hired two new part-time workers on a contractual basis and overhauled its website. Previously provided through the health department’s domain, the redesigned website now boasts its own domain and serves as a distribution point for association newsletters, public health news, membership information, policy and advocacy updates and upcoming educational opportunities.

Advocacy efforts are also moving forward at MPHA, which in 2009 established a Legislative and Policy Committee to monitor state public health legislative developments during legislative sessions. In recent years, MPHA has mounted advocacy campaigns supporting the state’s immunization requirements, tobacco control and public health funding.

Both AZPHA and MPHA were recipients of a 2007 APHA Affiliate capacity-building grant supported by the W.K. Kellogg Foundation.

For more information, email kimberly.moore@apha.org.

— Teddi Dineley Johnson

NEW RELEASE

Healthy & Safe Homes
Research, Practice, & Policy
Edited by Rebecca Morley, MSPP; Angela Mickalide, PhD, CHES; and Karin A. Mack, PhD

Healthy and Safe Homes: Research, Practice, and Policy is the first book to bring together the expertise and perspectives of noted scientists, public health experts, housing advocates, and policy leaders to fully explain the problem of substandard housing that plagues our nation and offers holistic, strategic and long-term solutions to fix it. The experts contributing to this book present smart and strategic solutions that will help achieve the goal of making healthy housing accessible to all.

ORDER TODAY!
APHA Member Price: $38.50, List Price: $55.00
ORDER ONLINE: www.aphabookstore.org

E-MAIL: APHA@PBD.COM TEL: 888-320-APHA FAX: 888-361-APHA

Wisconsin Affiliate launches new health impact assessment section

The Wisconsin Public Health Association is working to ensure that health is taken into account in all policies created in the state. With the March launch of its new Health Impact Assessment Section, APHA’s Wisconsin Affiliate has created a tool that communities and decision-makers can use to evaluate the potential health effects of a project or policy before it is built or implemented.

“Health impact assessment is an emerging tool in the United States, and it’s really just a combination of procedures to systematically decide the potential negative and positive health impact of a policy, plan or program,” said APHA member Paula Tran Inzeo, MPH, chair of the new section.

The new section will work to develop and foster a formal health impact assessment network through outreach, education, training and capacity-building in Wisconsin. Inzeo said the section will hold its first meeting in May at WPHAs annual conference.

The Wisconsin Public Health Association began offering sections to WPHA members in 2009, according to WPHA Executive Director Eric Ostermann. The new Health Impact Assessment Section is the Affiliate’s fourth such member group.

“We look forward to the section providing leadership and expertise in an area that is of great interest to our members throughout the state,” Ostermann, an APHA member, told The Nation’s Health. “The section will provide great value to members by providing education, training and information-sharing.”

For more information on the new section, email paulattran@gmail.com.

— Teddi Dineley Johnson
Health department accreditation on target for launch

ACCRREDITATION, Continued from Page 1

process that garnered nearly 4,000 comments from public health practitioners in 2009. Feedback from the test sites is now being used to refine and tailor the accreditation program, which is set to officially launch later this year.

“Accreditation is a major accomplishment for a health department,” Thomas Frieden, MD, MPH, director of the Centers for Disease Control and Prevention, said in a March statement. “It means that it is addressing key community health problems. Just as the public expects hospitals, law enforcement agencies and schools to be accredited, so should they come to expect public health departments.”

CDC and the Robert Wood Johnson Foundation are funding the accreditation effort, which has a goal of improving and protecting the health of every community by advancing the quality and performance of all public health departments. The effort is supported by APHA and many other organizations, including the Association of State and Territorial Health Officials and the National Association of County and City Health Officials.

To prepare health departments for the voluntary program’s anticipated fall launch, the Public Health Accreditation Board expects to release a range of materials in early summer that will help health departments gear up for the accreditation process, including the first version of the standards and measures, application information and a fee schedule for 2011-2012.

The preparation of health departments for accreditation remains vital to the success of the national program, said APHA member Kaye Bender, PhD, RN, FAAN, president and CEO of the Public Health Accreditation Board.

“Health departments vary significantly in the services they provide and the way they carry out the services, and that has

been exacerbated by the economic issues facing health departments today,” Bender told The Nation’s Health. “The accreditation program, through its standards and measures, describes what a governmental public health department should assure.”

Health departments may not directly provide all the services described in the standards, Bender said. But they need to know who does provide the services, as some health departments contract the work out, or partner with other organizations to ensure that the services are provided.

“So these standards and measures are going to become like an operations manual or a road map for what a health department should do,” Bender said. “And it is even more important during these tough economic times, because health departments are struggling to keep their identity and also to educate the public about what they do.”

The 50 agencies that tested the accreditation process — 19 local, eight state and three tribal health departments — overwhelmingly said that most of the tools and the process that had been developed were about right,” Bender said. “We believe that the beta test for the most part taught us we were pretty well on track,” she said.

Pilot test work pays off for participants

Though the test sites did not receive accreditation, they are already benefiting from the results, Bender said. For example, serving as a test site opened Oklahoma State Department of Health leaders’ eyes to new opportunities in the areas of collaborative planning and community engagement.

“The standards and process overall were set up very well,” said Joyce Marshall, MPH, program management director for the Oklahoma State Department of Health. “Additionally, based on the identification of areas where improvement could be made when compared to the Public Health Accreditation Board standards, in just a few months several of our county health departments initiated efforts that produced significant increases in community partners attending health planning meetings as well as improvements in the effectiveness of those meetings as rated by the coalition partners.”

Marshall said she will encourage health departments to look seriously and critically at accreditation, and to apply when the opportunity presents itself, “as it is a unique opportunity to evaluate the effectiveness of our services to a national standard while meeting agency strategic priorities and goals.”

Another test site in Oklahoma, the Comanche County Health Department, learned from the self-assessment that it needed to take a critical look at how it was executing public health on the local level.

“I’m excited for the opportunity to be able to really say that we can meet national standards,” said Keith Reed, MPH, CPH, administrative director at the Comanche County Health Department. “We haven’t been able to provide evidence to our community partners that we can meet national standards, and with accreditation, we will be able to.”

Most of Oklahoma’s health departments are centralized — or state-run — agencies, Reed said.

“In a centralized state, it was kind of easy for us to assume we were meeting all of our local responsibilities, but the self-assessment really forced us to re-evaluate that and to ensure that we were indeed meeting our local responsibilities.”

In early March, the National Opinion Research Center at the University of Chicago completed its formal evaluation of the “beta test.” Findings from the 256-page report will be synthesized and released in a future report.

“We want to finish the story, not only tell what we learned from the ‘beta test’ but what changes in the program resulted from that,” Bender said.

By 2015, the Public Health Accreditation Board aims to have 60 percent of the U.S. population served by an accredited public health department. Health departments will have to reapply for accreditation every five years.

For more on accreditation, visit www.phaboard.org.

— Teddi Dineley Johnson

ON THE JOB BRIEFS

Caution urged for workers after flu

Health workers who are sick with the flu should continue to practice good hygiene and cover their coughs after their fever ends, as they might still be shedding the virus, according to a recent study.

The Centers for Disease Control and Prevention recommends health workers stay home for 24 hours after a fever is gone without the help of fever-reducing medication. But the study concluded health care workers could still be shedding virus well after a fever had ended.

Published in the April issue of Emerging Infectious Diseases, the study found no association between fever and the amount of influenza virus shed, even among people who had taken antiviral drugs. During an influenza outbreak, study participants recorded their temperatures daily and provided nasal wash specimens for two weeks after the onset of flu symptoms. Most participants were shedding virus even after they had been fever-free for at least a day.

Gulf oil study to look at workers’ health

The health effects of the Deepwater Horizon oil spill in the Gulf of Mexico on 55,000 cleanup workers and volunteers are the focus of a study launched in late February by the National Institutes of Health.

The Gulf Long-term Follow-up Study, believed to be the largest health study of its kind ever conducted, is planned to follow workers and volunteers for up to 10 years. The study design was based on input from many agencies, researchers, outside experts and members of local health districts according to the National Institutes of Environmental Health Sciences, which is conducting the study. The study includes workers and volunteers in five towns across Louisiana, Mississippi, Alabama and Florida.

The study will examine whether oil spills and exposure to crude oil and dispersants affect physical and mental health.

— Donya Carie

Participants at a vaccination event held by the Comanche County Health Department in Oklahoma pose for a photo. The health department was one of 30 agencies that helped test a forthcoming program that will accredit health departments.

Photo courtesy Comanche County Health Department
Social media, texting now a must for communicating during disasters

**Social Media, Continued from Page 1**

in part because they allow officials to reach a large number of people quickly with important information.

Before Twitter and Facebook, the Pacific Disaster Center used online messages sent to subscribers. In Arlington County, Va., officials began warning residents years ago about disasters with road signs warning of water main breaks and an AM-band radio station. They moved on to email and their website, but still, said Diana Sun, communications director and assistant county manager, it felt like there was an unmet need. “We’re sitting here in the nation’s capital, a top national media market,” she said. News channels would cover large events like a hurricane, but not a water main break that would disrupt the morning commute or require residents to boil their water.

Now the county uses text messaging and email to send alerts to people who sign up for the free service known as Arlington Alert — with more than 25,000 subscribers at most recent count.

“The thing is to try to bring your information where the people are,” she said.

Posting information on Web pages people are already using increases the likelihood that people will see those messages.

The Boston Public Health Commission also uses social media to reach out to its users. It has 4,500 followers on Twitter and thousands have signed up to follow the commission’s various Facebook pages.

“We figured out that we needed to reach them where they are,” said Ann Scales, director of communications for the commission. “The people who see what we’re saying are not just the folks who follow us, but the followers of our followers of our followers.”

The commission used social media to get the word out about vaccine clinics during the H1N1 outbreak, for example. “During the outbreak, we were selective quite a bit to push out information on our flu clinics,” Scales said.

The commission tweeted not just the location of one news report that there was no wait for vaccines, which was meant to encourage people to get vaccinated. She said the commission has not yet needed to use the social media tools in any kind of mass casualty event, but it could if necessary.

The Boston Public Health Commission hired a social media director and bought some new software so it could produce videos for YouTube, but Scales said such expenses are not always necessary. Facebook and Twitter accounts are free, and responsibility for posting to pages can be shared among multiple employees.

The commission tweets via @HealthyBoston, posting messages every few days about events such as violence interventions and the Office of Oral Health’s spring event. “What goes out has to be factually accurate,” Scales said. “We don’t just fill up people’s screens with useless information. We want the public to be productive in the type of information we put out there.”

In a typical week, Sun said, Arlington Alert might send one message, but the county tries to limit text messages, both because some users have to pay for them and because they want the messages to be taken seriously.

Despite their popularity, social media tools are not being used by health officials to replace more traditional methods of communication, such as websites, television and newspapers.

One of the problems with social media is authentication, said John Van Thaden, general manager for alerting and notification for Federal Signal and Security Group. His company provides systems for things that need to keep large numbers of people informed in the event of an emergency. The company started with outdoor warning signals as part of the U.S. civil defense systems. Today, it works with emergency managers, military bases, hospitals and college campuses on notification systems that include telephone, television and, increasingly, social media.

“The biggest thing that we see is that we are such a diverse population with a broad range of preferences,” he said.

One of the problems with social media tools and traditional methods of communication is that the information shared may not always be accurate or complete.

The National’s Health

**APHA’s @publichealth Twitter feed named by Time as one of the best**

O NE OF APHAs Twitter accounts is among the best in the world, according to Time Magazine.

In March, the magazine released a list of the 140 top Twitter feeds, naming APHA’s @publichealth as one of the winners. Launched in 2007, @publichealth shares public health news, highlights APHA activities and events and general health-related information. The account has more than 85,000 followers.

The Time Magazine list named the top Twitter feeds “that are shaping the conversation.” Categories included authors, celebrities, news and politicians. Other health and science Twitter accounts that made the list included those from the New York Academy of Sciences, the Lancet, National Science Foundation and APHA member Marion Nestle, PhD, MPH.

While the top 140 list was picked by Time, the winners were not ranked by the magazine. Instead, Web visitors can visit the magazine’s list and vote for the Twitter accounts they think are the best — including APHA’s. As of early April, comedian Andy Borowitz and author Neil Gaiman toppled the list as lead vote-getters.

APHA has five Twitter feeds, including those for National Public Health Week, the Get Ready campaign, The Nation’s Health and APHA meetings. The Association is also active on Facebook, LinkedIn, Flickr and foursquare. Because of its strong presence, APHA is considered a leader in public health and social media.

To read the Time Magazine list, visit www.time.com. To follow @publichealth, visit www.twitter.com/publichealth. For a list of all APHA social media accounts, visit www.apha.org/about/rssinfo.

— Michele Late

**Volunteers clean up sandbags used to prevent flooding in St. Clair, Minn., in 2010. Officials are using social media and texting to organize volunteer efforts during and after disasters.**

A survey conducted by the company found that in the event of an emergency, most people turn to television for information.

Still, social media is another tool in the arsenal of the public health and disaster preparedness and response community. It works in concert with more traditional methods to reach the widest range of people possible.

Nowhere was that more evident than in the aftermath of the recent earthquakes in New Zealand and Japan. Google created a Person-Finder page where people could go if they were looking for someone or if they had information on someone. The Japan page includes more than 530,000 records.

The American Red Cross also collected donations from people around the United States for victims of the Japanese earthquake via text messages, and people were able to follow the unfolding of the earthquake and tsunami in real time using Twitter hashtags #prayforjapan, #japanquake, #tsunami and #japan, according to the American Red Cross.

In times of disaster, a well-organized social media program can prove vitally important, said Richard Serino, deputy administrator of the Federal Emergency Management Agency.

An earthquake or tornado might cause a power outage. People without battery-operated radios can be cut off from the news, and social media tools and text messages might be the only way to communicate.

“In 140 characters, we can tell people to go to high ground or to stay away from an unsafe area,” Serino said. “One person on a cell phone on a beach can tell hundreds of people around them that a tsunami is coming.”

FEMA uses social media for communication not just from the agency to the public, but the other way around as well. People have sent tweets to FEMA about roads that have washed out in a storm, or posted YouTube videos about dangerous situations. The agency cannot respond to every post, Serino told The Nation’s Health, but it is a way to make communities aware of what is happening around them.

For more information on FEMA’s social media tools, visit www.fema.gov/help/social_media.shtml.

— Charlotte Tucker

For information on how you can help the victims of the Japan disaster, visit www.apha.org/programs/globalhealth/issues.
Health and development of world’s teens sometimes overlooked

Investments in children’s health are missing the world’s adolescents, 88 percent of whom live in developing countries, a recent report found.

The United Nations Children’s Fund released a report in late February that concluded investing in the world’s 1.2 billion children and teens ages 10–19 could mitigate the widening gap between the health of children younger than 10 and older children. Yet that contrasts with a lack of health and development gains for adolescents, according to the report.

For example, more than 70 million adolescents do not attend school, and girls still lag far behind boys in secondary school participation. The lives of 26,000 children younger than age 1 were saved in Brazil between 1998 and 2008. But in the same decade, 81,000 Brazilian teens ages 15–19 were murdered, according to the report. Nearly 400,000 adolescents died worldwide in 2004 of unintentional injuries.

Adolescence is a pivot point — an opportunity to consolidate the gains we have made in early childhood or risk seeing those gains wiped out,” said UNICEF Executive Director Anthony Lake. “We need to focus more attention now on reaching adolescents — especially adolescent girls — investing in education, health and other measures to engage them in the process of improving their own lives.”

Although adolescents worldwide are generally healthier today than in the past, many health risks remain significant for them, including injuries, eating disorders, substance abuse and mental health issues. In the developing world, the poorest adolescent girls are roughly three times as likely to be married before age 18 as their peers in the richest households. And girls who marry early are most at risk for being caught up in a cycle of premature child-bearing, high rates of maternal mortality and child malnutrition.

Among the other recommendations are calls for improving data collection to increase the understanding of adolescents’ needs, expanding opportunities for youth to participate, and promoting laws and programs that protect the rights of adolescents and enable them to overcome barriers to accessing essential services.


— Donya Carriere

GLOBE IN BRIEF

Congress on public health seeks abstracts

The World Federation of Public Health Associations and Ethiopian Public Health Association are seeking abstracts for the upcoming 13th World Congress on Public Health.

The congress is scheduled for April 21–29, 2012, in Addis Ababa, Ethiopia, and will address how the developing and developed worlds are meeting challenges in achieving health equity. Abstracts should focus on major issues related to opportunities and threats in realizing global health equity.

Abstracts also should demonstrate the potential role of public health in addressing emerging issues and current problems that contribute to global health inequity. Organizers welcome abstracts that showcase innovations, tools, transferrable knowledge and technology. Solicited topic areas include achieving Millennium Development Goals vital for global health equity, health systems development, sexual health and public health and the public health response to migration.

The abstract submission deadline is Oct. 21. More details are online at www.ephia.org/2012.

Haiti cholera cases could hit 780,000

The cholera epidemic in Haiti will far exceed United Nations projections, hitting nearly 780,000 cases between March and November, a new study predicts.

Published in the March 16 issue of the Lancet, the study conducted at the University of California, San Francisco, estimated the cholera outbreak in Haiti will almost double the 400,000 cases projected by the UN. Those projections are key because they determine how resources are allocated.

The study also looked at the effect of providing clean water, vaccinating some of the population and prescribing antibiotics more widely. While antibiotics are the most controversial of the three interventions because of cost, the study suggested antibiotic cholera treatment could save thousands of lives in Haiti.

About 150,000 people in Haiti contracted cholera between October and December, and about 3,500 died. The disease is caused by strains of bacteria that spread from person-to-person through contaminated food and water.

UN details sexual violence in Congo

Resources in the Republic of Congo are inadequate to meet the needs of those who survive sexual violence, according to victims of such crimes.

A report released in March summarizes the findings of a U.N. panel whose members met with individuals and groups in the country, including victims who had contracted HIV/AIDS as a result of rape, victims who had become pregnant and had children as a result of rape and victims whose husbands had rejected them following their rape. The report said the panel members were struck by the differences between urban centers and villages.

“...areas there is so little infrastructure that access to any form of assistance or repair is virtually non-existent,” according to the report.


— Donya Carriere

NEW RELEASE!

Emerging Infectious Diseases
A Guide to Diseases, Causative Agents, and Surveillance

By Lisa A. Belz, PhD

This important resource offers a comprehensive introduction to emerging and reemerging infectious disease, including broad coverage of 25 different emerging infectious diseases. The author describes the underlying mechanisms of microbial emergence, the technology used to detect them and the strategies available to contain them. The book is designed for students in epidemiology, global health, and biology.

APHA Press

ORDER TODAY!

2011, 592 pages, softcover
ISBN 978-047083803-6
APHA Member Price: $64.00
List Price: $72.00
ORDER ONLINE: www.aphabookstore.org

E-MAIL: APHA@apha.com TEL: 888-320-APHA FAX: 888-361-APHA

ORDER TODAY!
H.E.L.P. 2011 is a three week course in meeting health needs of refugees, internally displaced persons, and those affected by disasters and conflict covering—

- planning, assessment, and evaluation of refugee needs
- measuring nutritional needs and organizing food distribution
- meeting needs for water, sanitation, shelter and fuel
- establishing curative and preventive care
- controlling the spread of communicable diseases
- collection, analysis, and use of data in emergencies
- coordination of relief activities in emergencies
- ethical concerns in caring for conflict-affected populations
- provision of reproductive health services
- protection of women and other vulnerable groups
- security for humanitarian workers
- applying International Humanitarian Law to protect populations at risk
- protecting human rights in displaced populations

July 11–29, 2011
The Johns Hopkins Bloomberg School of Public Health
615 N Wolfe Street, Baltimore MD 21205

Contact
Lena Muldavin, 443-287-4842
Email address: helpcourse@jhsph.edu
Application www.jhsph.edu/refugee/education_training/help

Co-sponsors
International Committee of the Red Cross—Geneva,
World Health Organization/PAHO

Our Master of Public Health degree will take you wherever you want to go!

The Masters of Public Health (MPH) with a concentration in Public Health Practice is designed for a diverse group of health professionals and is offered in an executive weekend and an online format. The PHP program prepares our graduates to truly impact the health of the populations they choose to serve.

Program costs for the Executive Program are the same for Florida residents and out-of-state students.
JOB OPENINGS

DEPARTMENT CHAIR
Department of Public Health Sciences

The Department of Public Health Sciences in the College of Health Professions at Wichita State University seeks applicants for the position of Department Chair.

Position Description: The Department Chair is responsible for departmental organization and administration, continuous program development and review, academic, administrative and financial planning, and general effectiveness of the program and faculty. The Department Chair is responsible for developing a research plan and guiding the department faculty in its implementation. As a member of the college’s Executive Council, the Department Chair must be fully engaged in the adaptive leadership challenges facing the college. As full-time university faculty, she will also be involved in teaching, student advising, faculty development, research and scholarly activities, and service to the university and community.

Qualifications: Terminal degree in the discipline of public health or health-related field appropriate to the orientation of the department (e.g., PhD, DrPH, EdD, MPH, MA) or other public health demonstrated expertise. Academic qualifications consistent with a tenure appointment at either the Associate or Full Professor level. Demonstrated organizational leadership. Demonstrated successful experience with diverse populations showing a commitment to diversity. Commitments to principles of continuous quality improvement. Good written and oral communication skills.

Preferred Qualifications: Prior university academic departmental administration at the undergraduate and graduate levels. Successful experience in acquisition of external Federal and/or non-Federal program funding. Expertise in the fields of health administration, health policy, aging studies, or epidemiology or public health field appropriate to the orientation of the department.

This is a full-time, 12-month per year position. Salary will be commensurate with qualifications.

To Apply: Visit https://jobs.wichita.edu/applicants/cps/shared/Welcome.jsp. Submit resume and contact information for three recommendations. Open until filled. For more information or questions, contact jean.brickell@wichita.edu or 316-978-5955. Offers of employment are contingent upon completion of a satisfactory criminal background check as required by Board of Regents policy.

Wichita State University is an Affirmative Action/Equal Opportunity Employer.

Call For Abstracts

Towards Global Health Equity: Opportunities and Threats

Abstract Submission Deadline is Friday, October 21, 2011, Midnight, Pacific time.

For questions or more information, please visit http://www.etpha.org/2012/

DEPARTMENT OF PUBLIC HEALTH EMPLOYMENT OPPORTUNITIES

The Department of Public Health of the Brody School of Medicine, East Carolina University (ECU) invites applicants for two tenure-track appointments. Salary will be commensurate with training and experience. Screening will continue until the positions are filled.

Tentative start date for positions is July 2011.

ASSISTANT PROFESSOR – EPIDEMIOLOGY

Vacancy #001163

Demonstration of and commitment to teaching epidemiology curriculum to master’s, doctoral, and medical students, as well as residents and/or fellows, is essential. Candidates must have a doctorate in Epidemiology from an ASPH accredited School of Public Health or PhD Program. Other qualifications include a strong quantitative background in analysis of observational or clinical data, a peer-reviewed publication record, and a research agenda in cardiovascular, environmental, or other areas of epidemiology.

ASSISTANT PROFESSOR OF HEALTH BEHAVIOR

Vacancy #001164

Applicants should have a strong peer-reviewed publication record and an established line of research which is funded or fundable at the national level. Demonstration of and commitment to teaching health behavior curriculum to master’s, doctoral, and medical students, as well as residents and/or fellows, is essential. Qualified applicants will hold a PhD, EdD, or an equivalent degree from an appropriately accredited institution and have experience in teaching health behavior courses. Other qualifications include a strong quantitative background and a commitment to community-based-participatory research. Candidates with research interests in cardiovascular disease, cancer, and/or tobacco are preferred, but all areas of health behavior will be considered.

ECU is located in Greenville, NC, which has a population of more than 79,000 and is about 90 miles east of Raleigh and within a short drive of the Atlantic coast. It is the third largest institution in the University of North Carolina system.

Equal Opportunity/Affirmative Action Employer

View complete job description, requirements, and application instructions for 001163: https://ecu.peopleadmin.com/applicants/Central?quickFind=65045
For 001164: https://ecu.peopleadmin.com/applicants/Central?quickFind=65045

View all ECU job vacancies at www.jobs.ecu.edu

The University of Iowa College of Public Health invites nominations for the 2012 Richard and Barbara Hansen Leadership Award and Distinguished Lectureship.

This award is the UI College of Public Health’s principal means for recognizing and honoring persons who have demonstrated exemplary leadership in the health field—in public service, executive management, higher education, or research.

The 2012 Hansen Award will be presented in a ceremony and lecture event on The University of Iowa campus in Iowa City, Iowa. The award recipient will be invited to deliver a formal lecture and participate in seminars, small group activities, and other campus events organized by the UI College of Public Health.

The criteria that will be considered in selecting a recipient are:

- Sustained and nationally recognized excellence in carrying out his or her professional roles and responsibilities;
- Superb leadership qualities, including commitment to high ideals, vision, and the ability to inspire others;
- Exemplary personal qualities, including integrity, respect for others, and high ethical and moral standards; and
- Enduring commitment and significant contributions to improving health care in the communities where he or she has served and/or on a national or international basis.

Nomination forms are available online at cph.uiowa.edu/hansen-award or by calling 319-335-3416. Nominations must be submitted, via email as attached documents in PDF format, to Ms. Kathryn Andrews at kathryn-andrews@uiowa.edu. Nominations must be received no later than July 29, 2011.

Hansen Leadership Award Recipients:

- 2001, Senator Tom Harkin
- 2002, Kenneth E. Warner, Ph.D.
- 2003, Michael T. Osterholm, Ph.D.
- 2004, Michael C. Fiser, M.D.
- 2005, Sara Rosenbaum, J.D.
- 2006, Richard J. Davidson, Ph.D.
- 2007, Steven A. Schroeder, M.D.
- 2008, Jordan J. Cohen, M.D.
- 2009, Stephen M. Shortell, Ph.D.
- 2010, Edward H. Wagner, M.D.
- 2011, Kenneth Olden, Ph.D., Sc.D., I.H.D.
NNEXT, 11, 2001, the first edition of a groundbreaking book on the public health component of disasters was at the printer. A few weeks later, the new resource rolled off the presses into the welcome hands of public health professionals rushing to respond effectively in the wake of the unprecedented and tragic terrorist attacks.

In the decade since APHA published the first edition of “Public Health Management of Disasters: The Practice Guide,” the role of public health professionals in managing disasters has become widely recognized. With the publication this summer of the third edition of the APHA bestseller, the need for such a resource is apparent, especially as public health workers are increasingly called on to respond to floods, earthquakes, tsunamis, wildfires and other disasters.

Filled with useful information for public health professionals working in areas connected to disaster management, the book describes many kinds of disasters and the public health implications of each. Three-quarters of the book is either updated or new, and the book is at least one-third longer, said author Linda Young Landesman, DrPH, MSW, assistant vice president for New York City Health and Hospitals Corporation.

For example, an entirely new chapter on ethical considerations has been added, Landesman said.

“That (chapter) is important because, with scarce resources, decisions may have to be made that require ethically considering what is best for the greatest good,” said Landesman, who is an APHA member.

New information on the needs of vulnerable populations is included, and a chapter on disaster communications has been updated to incorporate social media and new technology such as smartphones. A chapter on mental health strategies has been added to include cultural competence.

Reflecting on the book’s long-term success, Landesman points out that she undertook the project with the goal of filling an important need.

“I didn’t think about it being successful,” Landesman said. “I wrote it because I felt there was a need in the field for the book. The book’s success just validates what I knew many years ago—that this was an important field within the profession. Other people just had to recognize that it was important.”

A pioneer in the field of public health because of her work in preparedness, Landesman entered the field in 1982 as a social worker in Southern California and led an initiative to place public health preparedness on APHA’s radar screen in the late 1980s and early 1990s. The field has since grown and evolved, she said, noting that one of the book’s strengths is its importance for time-pressed readers to go to many different sources in search of information necessary to effectively prepare and respond to a disaster.

The book is designed for use by anyone working in emergency management, preparedness or the delivery of public health services, as well as public health students and those at training institutes, health departments and any community agency that either delivers public health or clinical services or works with the public during an emergency.

For more information or to order a copy, visit www.aphabookstore.org or email aphabookstore@apha.org.

— Teddy Dineley Johnson
Studies examine benefits of fish, importance of ‘medical home’

Consumption of fish may protect some women from macular degeneration, a study found.

**Fish consumption may help eye health**

Regular consumption of fish could protect women from developing age-related macular degeneration, a condition that can lead to blindness.

A study published online March 14 in the *Archives of Ophthalmology* found regular consumption of two types of fatty acids found in fish was linked to a significantly decreased risk of age-related macular degeneration. The study of female health professionals found a 53 percent to 45 percent lower risk of visually significant age-related macular degeneration during 10 years of follow-up among those who regularly consumed fish.

The study’s authors cited previous studies that suggested fish consumption reduced risk of age-related macular degeneration. Their study found the reduced risk independent of other macular degeneration risk factors and did not change after adjusting for saturated, monounsaturated and trans unsaturated fat intake. “These data appear to be the strongest evidence to date to support” eating fatty acids, such as those found in fish, for the primary prevention of age-related macular degeneration and might lead to a reduction in the number of people diagnosed with the condition, the study’s authors said.

**Cellphone use may disrupt brain activity**

Just 50 minutes of cellphone use disrupted brain activity in the region closest to the phone’s antenna, according to a study in the Feb. 23 *Journal of the American Medical Association*. Researchers looked at brain glucose metabolism, a marker of brain activity. They found that when compared to study participants with no cellphone exposure, 50-minute cellphone exposure was linked to increased brain glucose metabolism in the brain region closest to the antenna. What that means as far as health risk, the authors said, is not clear.

Increased cellphone use has led to concerns about the possible long-term health effects. The study found exposure to radiofrequency-modulated electromagnetic fields caused the changes in brain activity and the authors stressed their study did not examine whether cell phone use increases brain cancer risk. “Further studies are needed to assess if these effects could have potential long-term harmful consequences,” the study said.

**Depressed dads more likely to spank kids**

Depression among fathers can have negative effects on parenting and might be an often-overlooked problem, according to a study in the April issue of *Pediatrics*. The study found depressed fathers were four times more likely to report spanking their child and also were less likely to report reading to their child. Yet most depressed and non-depressed fathers reported regularly playing games and singing or talking to their child. In the study, 77 percent of depressed fathers reported talking to their child’s pediatrician in the previous year, suggesting such visits may provide an opportunity to discuss parenting behaviors such as reading and using nonphysical forms of discipline and to refer men for appropriate treatment. The study was based on data from about 1,700 fathers of 1-year-old children. Overall, 7 percent of fathers had depression.

**Retainers may harbor dangerous microbes**

Orthodontic retainers that are not properly cleaned could be harboring microbes, according to a study published March 15 in *Letters in Applied Microbiology*.

Researchers at the University College London Eastman Dental Institute found potentially pathogenic microbes growing on at least 50 percent of retainers studied. The study was based on samples taken from the mouths of people without retainers and those wearing either of the two most widely used types.

Species of candida, a type of yeast, and the bacteria *Staphylococcus aureus* were present on about 67 percent and 50 percent of retainers, respectively. The microbes also were detected on the interior cheeks and tongue of retainer wearers.

While the two types of microbes rarely cause problems in healthy individuals, they are potentially dangerous in people with compromised immune systems.

“With the growing awareness the public has of hospital-acquired infec-
tions, it is important to be aware of other potential ‘hidden reservoirs’ of harmful bacteria,” said study lead author Jonathan Pratten, PhD, a senior lecturer at the Eastman Dental Institute. — Donya Caruie
Tattoos and piercings: Play it smart with body art

By Teddi Dineley Johnson

In the far-off past, tattoos were something only sailors had, and the only body part people pierced was their ears. Nowadays, piercings and tattoos are everywhere. But like anything you do in life — from driving a car to playing a sport — tattoos and piercings come with some risks. Taking a few precautions will help you get the best results from your new body art and avoid side effects, which can include allergic reactions to inks or piercing jewelry, infections caused by unsterile equipment and needles, and scarring.

“Body art is a popular form of self-expression, but people who decide to get a tattoo or body piercing should go to a licensed facility and take time to discuss the safety procedures with the artists working at the shop or tattoo parlor,” says Scott Bryan, a spokesman for the U.S. Centers for Disease Control and Prevention.

Fortunately, tattoos and piercings are safer than ever, but before you become a proud owner, it’s important to do your homework. Body artists are expected to adhere to strict safety procedures. By following safety procedures, tattoo artists and body piercers protect themselves and their customers from a range of viruses and bacteria that can cause illness.

Be picky where you pierce

Beware of home piercing kits, which are readily available on the Internet and give minors a way around age restrictions at reputable shops. Such kits put users at risk for infections, including diseases spread through blood. Also, steer clear of piercing guns. Though widely used in malls, parts of the guns can’t be sterilized, warns Weber of the Association of Professional Piercers.

It’s also important to use the proper jewelry for a piercing, as the quality of jewelry varies. “Very often, you do get what you pay for,” Weber says, noting that some people develop allergic reactions to inexpensive jewelry.

Time out for tattoo talk

You’ve been working on a cool design and saving up for your first tattoo. Now it’s time to find a reputable studio and artist who will transfer your artwork from paper to skin. Tattoos are designs on the skin made with needles and colored ink. Getting “inked” is a major decision. Keep in mind that a tattoo is effectively permanent, and although it is possible to remove a tattoo, the process is expensive and painful.

“Go to an established tattoo shop, and ask questions when you go there,” says Mike Martin, vice president and health and education coordinator for the Alliance of Professional Tattooists. “With all your power, avoid going to somebody’s house for a tattoo.”

Fortunately, more and more states and counties are regulating tattoo studios and artists. But all too often, says Martin, tattoos are done in kitchens and garages, because tattoo equipment is inexpensive and easy to obtain. Getting a tattoo from unsterile equipment and inexperienced artists can put you, and the artist, at risk for life-threatening infectious diseases such as hepatitis or skin infections caused by certain bacteria. Martin advises tattoo seekers to do their homework. Find a legitimate facility and ask for a tour — the shop should be neat and clean. Don’t be shy about talking to the artists about safety procedures.

“Ask whether they have had training in bloodborne pathogen and safe tattooing techniques,” Martin advises. “And ask if they use disposable products such as disposable tubes and needles and if they have a working sterilizer on the premises to clean their equipment.”

Once you’ve received your “ink,” follow all of the aftercare instructions provided by the artist. Always make sure you wash your hands before and after you touch your new tattoo until it is completely healed.

Piercing pattern

From ears to noses to navels, piercings are a popular option for self-expression. But because piercings break the skin’s protective barrier, there are some health risks, including allergic reactions to the jewelry and diseases spread through blood. Reputable piercers adhere to strict safety procedures to protect their customers and themselves, but as with tattoos, there are no standardized U.S. piercing regulations.

“You can’t be confident that there is someone else looking out for your safety — you have to do that yourself,” says James Weber, president of the Association of Professional Piercers.

Take time to discuss safety procedures with the piercer. Ask about their process and clarify that the facility is clean and that the person doing the piercing uses proper hand-washing techniques as well as fresh, disposable gloves and sterilized instruments — and that the needle being used is new. Be aware that certain piercings take longer to heal than others, and have a longer window in which they can get infected, so follow your aftercare regimen to the letter until the piercing is completely healed.

“Very often people reach for cleaning solutions that are not appropriate for piercings, such as hydrogen peroxide and rubbing alcohol,” Weber says, noting that those chemicals are harsh and can damage tissue.

A final word of advice: Never get a piercing if you’ve been drinking, or when you’re on vacation and can’t take care of it afterward or aren’t sure if the equipment and water source is sanitary.