Measuring capacity

Eleven health departments first to attain public health accreditation

In 2003, AN Institute of Medicine report on the future of public health called on health officials to take a closer look at creating uniform standards for evaluating public health agencies. A decade later, the first class of health departments to meet such standards is being celebrated.

Announced in February, the 11 health departments awarded five-year accreditation by the Public Health Accreditation Board are at the forefront of a movement toward continuous quality improvement within the public health system. Public health department accreditation, which employs universal standards to measure a health department’s capacities,

See ACCREDITATION, Page 14

Program tracks, measures county health

Communities using annual rankings to improve health

In the marathon of healthy living, Wyandotte County, Kan., placed near the bottom of the state in 2010. Factors such as high obesity and low high school graduation rates put Wyandotte — home to Kansas City — at the low end of about 100 ranked Kansas counties.

The ranking was a reminder to then-city mayor Joseph Reardon to fix the issues brought to light in the County Health Rankings, an annual health assessment of all U.S. counties.

Healthy Communities Wyandotte, created by Reardon, an APHA member, and the Wyandotte County Public Health

See COUNTY HEALTH, Page 20

Serving meals in class shows promise

School breakfasts beneficial for student health, education

Middle school principal Sean McElhaney was already sold on the idea that children needed a nutritious breakfast to succeed in school. But what cemented his desire to expand the breakfast program in his Anne Arundel County, Md., school was one student who, during a standardized test, wrote “I don’t care,” and then refused to complete the test.

The student, sent to McElhaney’s office for disciplinary action, said he could not concentrate because he had not had anything to eat since lunch the previous school day.

“We always say breakfast is the most important meal, and yet, this was a kid living (without it),” said Molly McCloskey, MEd, Maryland director of the No Kid Hungry campaign.

McElhaney implemented an alternative breakfast program that brought the morning meal out of the cafeteria and into the classroom. Discipline problems at Old Mill Middle School North are now at an all-time low, and academic achievement has improved.

Ensuring that low-income students have access to a healthy breakfast has the potential to improve not just their health but their academic success and long-term future, according to a national analysis released by the No Kid Hungry campaign in February. If 70 percent of the elementary and middle school students who qualify for free or reduced-price school lunches also ate breakfast at school, that could result in 4.8 million fewer school absences per year and 807,000 more students graduating from high school, according to the campaign, which is part of Share our Strength,
EPA should be able to regulate air pollutants

APHA joined a Feb. 21 friend-of-the-court brief supporting the Environmental Protection Agency’s decision to regulate hazardous pollutants from coal- and oil-fired electric generating units.

The case, White Stallion Energy Center LLC v. U.S. EPA, is to be considered by the U.S. Court of Appeals for the District of Columbia Circuit later this year. It deals with the question of how EPA establishes standards for the amount of pollutants that are permitted in the air.

The brief, initiated by the Clean Air Task Force and the Environmental Defense Fund, and signed by environmental and public health groups, notes that health damage caused by air toxics is borne disproportionately by communities of color and the poor. It argues that calculations limiting emissions were arrived at legally and urges the court not to overturn them.

Contraceptive rules do not infringe

Regulations requiring that most employers provide their employees with health insurance that fully covers contraceptives do not infringe on business owners, APHA argued in friend-of-the-court briefs filed in March.

The briefs, which were initiated by health and reproductive rights groups, respond to Korte v. Sebelius and two other cases being considered by U.S. appeals courts.

In the cases, owners of for-profit companies claimed that the regulations violated their religious freedom and that they should not be required to cover contraceptives.

The Center for Reproductive Rights argued in one brief that the benefits, including contraceptive care, are part of an employee’s compensation and should not be subject to the religious beliefs of her or his employers. It also argued that the rule does not compel the employers to participate in conduct that violates their religious beliefs.

The U.S. government “has long strived to ensure that all pregnancies are intended,” and that the rule is a step in that direction, according to one of the briefs.

The regulation challenged here promotes the government’s compelling interest in public health by making contraceptive treatment more affordable and, therefore, more accessible,” the brief stated. “Improved access to contraceptive care increases contraceptive use, which in turn helps to reduce the number of unplanned pregnancies that can endanger the health of mothers and children alike.”

Letter to climate group seeks new laws

Congress should pass comprehensive legislation that caps carbon emissions and provides funding for addressing regional climate change efforts, APHA said in a Feb. 20 letter to congressional leaders.

The letter, which was sent to Sen. Sheldon Whitehouse, D-R.I., and Rep. Henry Waxman, D-Calif., notes that “climate change is a serious public health issue and is a significant threat to human health.”

Whitehouse and Waxman are co-chairs of the Biannual Task Force on Climate Change, which is seeking input on climate change.

In the letter, APHA Executive Director Georges Benjamin, MD, expressed the Association's support for the U.S. Environmental Protection Agency's 2009 Endangerment Finding, which found that greenhouse gases pose a serious threat to public health and welfare. Benjamin also noted that APHA supports regulations to limit carbon emissions from coal- and oil-fired power plants as well as efforts to find and promote cleaner and more efficient sources of energy.

EPA urged Congress to address climate change via capping carbon emissions and lowering the cap over time. The Association also asked for funding for training of the public health workforce.

Legislation would fund health classes

APHA supports a bill that would elevate physical education and health education to core subjects in federal education law, the Association said in a Feb. 22 letter.

The letter to Sen. Tom Udall, D-N.M., expressed approval for the Promoting Health as Youth Skills in Classroom and Life Act, S. 392. By elevating physical education and health education, the bill would ensure that schools could make funding available for such programs.

“At a time when one-third of our nation’s children are overweight or obese, educating them in physical competence, health-related fitness and healthful behaviors is critical to their development and long-term success as healthy and productive citizens,” said the letter.

The letter was initiated by the American Alliance for Health, Physical Education, Recreation and Dance and was signed by more than 70 other groups.

APHA outlines its legislative priorities

APHA is asking Congress to address issues including public health funding, firearm-related violence, mental health, nutrition assistance and climate change.

In a Feb. 15 letter to members of the 113th Congress, the Association highlighted what it feels are the most important issues of the next two years.

“APHA urges you to support and strengthen the public health system so that it is able to respond to everyday health threats in a timely manner and to act on the pressing public health challenges facing our nation and our world,” said the letter.

See ADVOCATES, Page 27.
The new definition of health focuses on social justice, the human right to health and health equity. Equity goes beyond the principle of equality and demands optimal opportunity for all people, particularly those who have experienced historical marginalization. Epidemiology professor Michael Marmot, PhD, MPH, MBBS — who will be a keynote speaker at this year's APHA Annual Meeting — talks about the social gradient, which says that the lower an individual's socioeconomic position, the worse her or his health will be. This provides us an opportunity to come together beyond the limitations of class and race to collectively deal with this issue.

We cannot accept a destiny that relegates huge percentages of our population to premature death based on race, ethnicity, socioeconomic status, sexual orientation, disability status, age or gender. That would make us guilty as the historical, political and economic factors that have gotten us where we are today.

There is a movement for social justice, the right to health and health equity and it has grown dramatically over the past 15 years. It has defined my career, fueled my commitment to what is right and continues to motivate me. I have carried this message of social justice and health equity around the country and the world. Join me.

Adewale Troutman, MD, MPH, MA, CPH president@apha.org

How Social Standing Affects Our Health and Longevity”

Marmot’s research has included examining the health of migrants to the U.S. and Britain from a number of countries. He found that the longer a person lives in a country, the more likely it is that she or he will develop diseases common in the new country.

“Dr. Marmot is a leader in the field of public health and the social determinants of health, and it’s our hope that our members take away from his talk a deep understanding of the problems that plague both the U.S. and the world,” Benjamin said.

Boston Mayor Thomas Menino will also speak at the Annual Meeting’s opening session. Menino, who in 2006 co-founded Mayors Against Illegal Guns with New York City Mayor Michael Bloomberg, will address gun violence and public health.

The five-day meeting will officially kick off with Sunday’s opening session, but some attendees will take advantage of half-day or full-day APHA Learning Institutes to be held Saturday and Sunday. Participants can earn up to 13.5 continuing education credits by attending a Learning Institute, in addition to credits they can earn during the Annual Meeting’s scientific sessions. More information about continuing education at the Annual Meeting is online at www.apha.org/meetings.

In addition to educational opportunities, the Annual Meeting will offer an array of networking opportunities that cover the full spectrum of the public health field, including business meetings, poster sessions, social events and celebrations. APHA will recognize individuals who have made contributions to the public health field at the Public Health Awards Reception and Ceremony on Tuesday, Nov. 5.

APHA invites public health professionals to connect through social media at the Annual Meeting. The APHA Annual Meeting Blog will feature daily updates, and Twitter users can access updates and connect with other public health professionals by using the hashtag #APHA13.

For more information on APHA’s 141st Annual Meeting in Boston, including early bird registration rates and program highlights, visit www.apha.org/meetings. For questions, email annualmeeting@apha.org.

— Charlotte Tucker
Congressional resolutions honor National Public Health Week 2013

MEMBERS of Congress supported APHA and National Public Health Week by introducing resolutions recognizing the importance of public health in ensuring safe, healthy communities.


This year’s National Public Health Week theme, “Public Health is ROI: Save Lives, Save Money,” focused on public health’s return on investment, or ROI. It noted that a small amount of money invested in public health efforts can contribute to big gains in health.

“Thanks to the support of these leaders in Congress, this resolution reinforces the compelling case for a strong public health system, especially during difficult budgetary times,” said APHA Executive Director Georges Benjamin, MD.

National Public Health Week was observed from April 1-7 and included events such as town halls, webinars and health fairs.

Full coverage of National Public Health Week will appear in the July issue of The Nation’s Health.

For more information, visit www.nphw.org.

— Charlotte Tucker

Association members propose 26 new policy statements

APHA MEMBERS have proposed more than two dozen new policy statements for the Association.

The 26 proposed policy statements, which are making their way through the APHA policy process, address issues such as workplace injury prevention, noise pollution and breastfeeding. They also address timely topics such as health insurance coverage for immigrants, end-of-life care and medical marijuana.

APHA announced its year-long policy statement process in the fall, and members had until Feb. 20 to submit their proposals. Since then, the submissions have been reviewed by APHA’s Joint Policy Committee, Science Board and Education Board and members have submitted comments.

Updated versions of the proposals will be posted to the APHA website in late July. The site contains a calendar for the full policy proposal process.

APHA members will have another chance to submit feedback on the proposals on Nov. 5, during public hearings held at APHA’s 141st Annual Meeting in Boston. Any late-breaking proposed policy statements, which must be directly related to emergent events that have occurred since February, are due by 11:59 p.m. Eastern time on Oct. 23.

The Governing Council is scheduled to vote on the proposed policy statements at its Nov. 5 session at the Annual Meeting.

To read the proposed policy statements, visit www.apha.org/advocacy/policy. For questions on APHA policy statements, email policy@apha.org or call 202-777-2511.

For more information on the Annual Meeting, which will be held Nov. 2-6 and has a theme of “Think Global, Act Local,” visit www.apha.org/ meetings.

— Michele Late

Updated book reflects advances in infectious disease epidemiology

ONLY FIVE years have passed since the last time editors updated “Infectious Disease Epidemiology,” but so much has happened in that time that a new edition has become necessary.

Today, there is talk of ending the HIV epidemic, and studies of many new prevention trials have been published in recent years. Problems with antibiotic-resistant bacteria are growing and new infections have been recognized.

“Infectious Disease Epidemiology,” edited by APHA member Kenrad Nelson, MD, professor of epidemiology at Johns Hopkins Bloomberg School of Public Health and Carolyn Masters Williams, PhD, MPH, chief of the epidemiology branch at the National Institute of Allergy and Infectious Diseases, seeks to chronicle all of those issues and more in a format intended for both students and public health professionals. At more than 900 pages, the book is large, but Nelson said one of his goals was to make it readable by providing specifics about various diseases and how they manifest.

“You have to interest people,” he told The Nation’s Health. “One of the issues in this field is that some of the books are books of formulas...That’s interesting to people who focus on that, but for a book like this it’s better to have some specifics.”

Nelson said the book, which is co-published by APHA Press and Jones & Bartlett Learning, will be useful to schools of public health and schools of medicine that teach epidemiology of infectious diseases or infectious disease prevention.

“Instead of just being a general book, it has a lot of specifics and specific examples,” he said. “Students don’t have to go through chapter by chapter. In some instances there will be one or two or three or half a dozen (chapters) that will be useful for a course.”

Since its debut, the book has been used broadly in public health schools as well as medical and veterinary programs.

In the third edition, virtually all of the chapters have been updated, and two have been added, Nelson said.

The chapter on hepatitis now mentions “remarkable” new findings and a discussion on whether certain populations have more trouble with hepatitis C than other populations, Nelson said.

The infectious disease dynamic chapter also underwent extensive revisions, including an expanded discussion of new concepts on modeling.

The first of the two new chapters covers overall methods of prevention of infectious disease, a topic Nelson said is important because other texts often focus on a specific area, such as sexual transmission.

“I thought we needed to review all of the major methods of prevention of transmission, including airborne, food- and water-borne, contact and transfusion,” Nelson said.

The other new chapter focuses on transmissible spongiform encephalopathies, such as bovine spongiform encephalopathy, more commonly known as mad cow disease, and human diseases such as kuru and Creutzfeldt-Jakob disease, many of which were originally thought to be genetic rather than infectious.

“These have challenged ideas among biologists,” Nelson said. “So we had to include them.”

For more information or to order a copy of the book, visit www.aphabookstore.org.

— Charlotte Tucker
Drinking boosts deaths from cancer

Alcohol consumption resulted in about 20,000 U.S. cancer deaths in 2009, according to a study in the April 2013 issue of APHA’s American Journal of Public Health.

Breast cancer accounted for the majority of alcohol-attributable cancer deaths among women, at 56 percent to 66 percent. Men were most likely to suffer from upper airway and esophageal cancers, with those accounting for 56 percent to 71 percent of alcohol-attributable cancer deaths.

Cancer deaths attributed to alcohol consumption accounted for 3.5 percent of all cancer deaths, the study said.

High consumption was an important factor, but many deaths occurred among those who drank up to 20 grams of alcohol, or one-and-a-half drinks, daily.

“Alcohol remains a major contributor to cancer mortality and (years of potential life lost),” the researchers wrote. “Higher consumption increases risk but there is no safe threshold for alcohol and cancer risk. Reducing alcohol consumption is an important and underemphasized cancer prevention strategy.” (Page 641)

Walking, cycling can have mixed benefits

Increasing the amount of walking and bicycling from four minutes to 22 minutes per day cuts cardiovascular disease and diabetes significantly but increases the risk of injury, according to a study in the April AJPiH.

The study, which focused on San Francisco, examined health benefits of transportation strategies to cut greenhouse gas emissions. It also looked at travel patterns, injuries, physical activity, air particulate matter and greenhouse gas emissions in the San Francisco area.

Increasing walking and biking from four to 22 minutes cut heart disease and diabetes risk by 14 percent, but it also increased traffic injuries by 39 percent.

The study’s authors said increasing physical activity could have a significant improvement on population health, but only if measures can be put in place to minimize pedestrian and bicyclist injuries. (Page 705)

Cigarette taxes cut smoking disease

Additional excise taxes on cigarettes reduce sales significantly and improve health effects, including reducing periodontal disease, according to a study in the April AJPiH.

For each additional 10 cents in excise tax, predicted sales decreased by about three-quarters of a pack, according to the study, which used tax and sales data from 1983 to 1999 in the District of Columbia.

The adjusted odds of moderate or severe gum disease also decreased 22 percent for each 10-cent increase in excise tax. To gather information about gum disease, researchers used periodontal data for about 3,100 adults in 28 states, the District of Columbia, and the four states in between 1999 and 2004.

The study found that for each pack sold per person per month, the odds of exposure to secondhand smoke increased 28 percent and odds of gum disease increased 15 percent. People exposed to secondhand smoke were two times more likely to have gum disease, indicating that taxes may reduce gum disease in nonsmokers, researchers said. (Page 740)

Phone surveys can track influenza rates

Telephone surveys can track flu rates as well as surveillance systems can, according to an April AJPiH study.

Researchers used the 2007 Behavioral Risk Factor Surveillance System and the 2007 National Immunization Survey-Adult, two phone-based surveys, to estimate the incidence of influenza-like illness. They also looked at influenza-like illnesses that were treated by a health professional, influenza diagnosed by a health provider, influenza testing and treatment with antiviral medications during the 2006-2007 flu season.

The study found that people reported seeing a health provider for influenza-like illnesses at approximately the same rate that physicians diagnosed such illnesses. (Page 755)

— Charlotte Tucker

To access studies from AJPiH, visit www.aph.org.

APHA public health webinars to focus on extreme heat, drought

APHA is CONTINUING its successful public health webinar series, with new sessions available this summer.

Launched in 2009, APHA’s free webinars have focused on topics ranging from the Affordable Care Act and public health policies to sodium and transportation. The more than 30 webinars have been viewed by thousands of public health professionals.

The most popular of APHA’s webinars was a session held just after the Supreme Court’s 2012 decision on the constitutionality of the Affordable Care Act, which drew more than 3,200 participants.

In April, the Association hosted a webinar on the impacts of Maryland’s Public Health Dental Hygiene Act. The webinar, which is archived and can be viewed online now, discussed how the law affected community dental hygiene professionals.

A May 23 webinar will focus on the public health implications of extreme heat, while a June webinar will examine drought. The two new webinars will be part of APHA’s ongoing series on environmental health, which have focused on climate change and other topics.

“Both drought and extreme heat have serious implications for public health, and as long as climate events around the world continue to increase in frequency or severity, these topics will be relevant for the community and decision-makers,” said Angela Djijack, MPH, an APHA program associate.

Twitter users taking part in APHA webinars are encouraged to use the #APHAWebinar hashtag.

For more information on APHA’s webinars, visit www.apha.org/advocacy/reports/webinars.

— Michele Late
Schools, child care centers key to improving youth physical activity

Schools, preschools and child care centers are key settings for promoting and increasing child physical activity, according to a recent update from a federal task force.

Released in March by the U.S. Department of Health and Human Services’ Office of Disease Prevention and Health Promotion, the report on strategies to get more young Americans moving points to school settings as “a realistic and evidence-based opportunity to increase physical activity among youth.” The report also calls for schools and child care centers to be a central part of a national strategy to increase physical activity.

“This presents a prime opportunity for federal and state leadership to advance the implementation of quality physical activity programs in the school setting. Other settings, particularly preschools and the built environment, also show great promise and warrant continued research emphasis,” Risa Lavizzo-Mourey, MD, MBA, chair of the Physical Activity Guidelines Midcourse Report Subcommitte and president and CEO of the Robert Wood Johnson Foundation, wrote in a December letter to HHS Secretary Kathleen Sebelius.

APHA member Jim Whitehead, executive vice president and CEO of the American College of Sports Medicine, called the report “clearly written and evidence-based” and asked public health advocates to help encourage “widespread adoption of its strategies.”

The report strategies include tapping into opportunities for physical activity during the school day and at preschools and child care centers. Opportunities are not limited to structured physical education classes but also “classroom activity breaks, active activity breaks before and/or after school and active transportation to school,” according to the report. Well-designed physical education classes also were listed as an important exercise strategy.

The report noted that millions of young children spend a portion of their day in structured child care centers, and more than 4.2 million young children are enrolled in preschools.

Promising interventions to increase physical activity include increased time spent outside, portable play equipment and staff physical activity training, according to the report. “Physical Activity Guidelines for Americans Midcourse Report: Strategies to Increase Physical Activity Among Youth” is available online at www.health.gov/paguidelines.

— Donya Currie

Five percent reduction made to federal public health programs

Sequestration cuts predicted to put health at risk

HEALTH WORKERS across the nation played an important role in last year’s fungal meningitis cases, identifying a problem and sounding the alarm on the outbreak.

Public health’s ability to identify the source — a contaminated steroid medication — and put a stop to the outbreak that spanned 19 states and killed 39 people illustrates just how serious an impact budget cuts under sequestration could have on the nation’s public health system.

“If those epidemiologists and laboratory workers had been on furlough and delayed response, every day’s delay we would have meant more deaths in this country,” Paul Jarris, MD, MBA, executive director of the Association of State and Territorial Health Officials and an APHA member, told The Nation’s Health.

“People probably don’t realize when you cut, for example, our laboratory capacity or preparedness capacity, people will die.”

An already strained public health system that has been subject to painful budget cuts since the economic downturn in 2008 now is bracing for the first wave of impacts cuts under sequestration are likely to have on the system.

Because Congress and President Barack Obama could not reach a budget agreement on the sequester before March 1, cuts totaling $85 billion for most nondefense programs such as public health and education went into effect for the remainder of fiscal year 2013. The cuts of approximately 5 percent likely will have long-term consequences for public health.

“It’s true you don’t flip a switch and the cuts occur,” Jarris said. “But the cuts are going to be insidious and creeping into our life. I don’t think we fully appreciate the impact these cuts will have.”

Groups such as APHA and Trust for America’s Health have been outspoken for years about the chronic underfunding of public health. In just the past four years, nearly 50,000 state and local public health jobs have been lost, for example, and funding for the Centers for Disease Control and Prevention has dropped from $6 billion to just over $5 billion, said Rich Hamburg, MPA, deputy director of Trust for America’s Health.

“We will have less people. We will have cuts to programs, and these are programs that matter, programs that keep communities safe and healthy.”

— Laura Hanen

“Light of these budget cuts, I think public health can be accused of, if anything, of being too accommodating,” Hamburg told The Nation’s Health.

“If something had happened, the nation’s public health system is going to react,” he said. “The disease service is always saying, ‘We can do it.’ Now, without the resources, I think public health officials are finally saying, ‘We just can’t do it.’ If there’s a foodborne outbreak and we have X number of laboratories funded, if that funding is cut, the mitigation of the outbreak might be slower.”

A March report to Congress from the Office of Management and Budget outlined 5 percent cuts to federal public health programs, including $285 million from CDC, $195 million from the Indian Health Service and $126 million from the Food and Drug Administration.

Congress passed a continuing resolution in late March that adjusted some of the initial $85 billion in sequestration spending cuts, but kept the 5 percent across-the-board cut to most programs.

The concern is not only in losing the ability to properly respond to outbreaks and public health emergencies and improve prevention but also to perform the key public health functions that have resulted in measurable progress.

For example, in Shelby County, Tenn., home visits and other health department outreach have contributed to a drop in the infant mortality rate both overall and for minority infants, said Shelby County Health Department Director Yvonne Madlock, MAT, an APHA member. The rate was 14.2 per 100,000 live births in 2002 and 9.4 per live births in 2011. For minority babies, the number dropped from 19 in 2002 to 12.6 in 2011.

“We are clearly aware that something has to be done to control and manage the federal budget in a different way,” Madlock told The Nation’s Health. “But we would certainly hope that folks would look to identify balanced solutions that would allow us to thrive as a nation and serve our most vulnerable.”

The long-term impact of the cuts under sequestration will be hard to gauge particularly because “it is a trickle” from federal to state to local agencies, said Laura Hanen, MPP, chief of government and public affairs for the National Association of County and City Health Officials. “I think the long-term impact, in broad terms, is the continued erosion of governmental public health’s capabilities on the ground,” Hanen told The Nation’s Health. “We will have less people. We will have cuts to programs, and these are programs that matter, programs that keep communities safe and healthy.”

For up-to-date information on sequestration and the impact of budget cuts on public health, visit www.apha.org/advocacy/activities/resources.htm and www.naccho.org/advocacy.

— Donya Currie

Schools are a key setting for promoting and increasing child physical activity, according to a federal task force report.
CONGRATULATES
THE FIRST EVER HEALTH DEPARTMENTS TO EARN ACCREDITATION

- Comanche County Health Department (Lawton, OK)
- Franklin County Health Department (Frankfort, KY)
- Livingston County Department of Health (Mt. Morris, NY)
- Northern Kentucky Independent District Health Department (Edgewood, KY)
- Oklahoma City-County Health Department (Oklahoma City, OK)
- Oklahoma State Department of Health (Oklahoma City, OK)
- Spokane Regional Health District (Spokane, WA)
- The Public Health Authority of Cabarrus County, Inc. d/b/a Cabarrus Health Alliance (Kannapolis, NC)
- Three Rivers District Health Department (Owenton, KY)
- Washington State Department of Health (Olympia, WA)
- West Allis Health Department (West Allis, WI)

“This is a breakthrough moment for the health of all Americans,” said Georges Benjamin, MD, executive director of APHA. “By having an evidenced-based process that allows public health agencies to document their high level of quality is indeed a step forward. The agencies accredited today are on the cutting edge of performance excellence and continued quality improvement of public health services.”

This announcement is made possible with funding from The Centers for Disease Control and Prevention Grant Number SU38HM080459.
School-based health centers emerge as resources for dropout prevention

In Durango, Colo., a mom recently brought her 11-year-old son to the local school-based health center for a physical so he could get back to catch up. The young boy was only in fourth grade, having already been held back twice. The health center staff decided to take a closer look.

After discovering that the family was uninsured, center staff helped enroll the boy in the state’s Children’s Health Insurance Program. With access to care, he was evaluated, diagnosed and treated for attention deficit hyperactivity disorder. He received treatment for cavities and had his tonsils removed to address breathing problems. He was also evaluated for special education needs, and the school-based health center connected his mom to support services. The last time Sherrod Beall, MS, RN, CPNP, director of coordinated school health services for the Durango School District, followed up on the young boy’s progress, his teachers reported he was doing much better — “they said it was like night and day.”

“If we hadn’t caught him, he would be so much further behind,” Beall said. “These are the kinds of stories we see over and over again. And this is what’s so exciting about school-based health centers.”

Beall and her colleagues in Durango are part of an emerging movement to position school-based health centers as primary resources for dropout prevention, academic improvement and high school graduation, all key determinants of lifetime health.

Research consistently shows that education has a significant impact on behavior, lifestyle choices, income and ultimately, health status. Luckily, school-based health centers can make a difference. For example, a study published in 2011 in the Archives of Pediatrics and Adolescent Medicine found a positive association between low to moderate use of school-based health centers and declines in dropout, especially among students at high risk.

In fact, Healthy People 2020, the nation’s health objectives for the current decade, was the first Healthy People document to address high school completion specifically among adolescents. Terri Wright, MPH, director of APHS’s Center for School, Health and Education, said the Healthy People target is another sign that high school graduation is a public health priority.

“There is a major movement to connect these dots, and if we really want to achieve equity in education status and in health, we better start in the K-12 population,” Wright said. “If we want to impact adult behavior, health and economic situations, we need to help young people graduate from high school. And if you want them to graduate from high school, you have to better understand what derails them.”

To help make those connections, the APHA center recently launched a two-year pilot project in partnership with a school-based health center in Detroit. The project involves bringing primary prevention to the entire school population instead of waiting for individual students to walk through the health center’s doors, Wright said. To do so, health center staff will use a specialized assessment tool to measure the health and social needs of all students. For example, the confidential assessment not only asks about typical health-related issues such as sexual behavior, but about social determinants such as homelessness, electricity shut-offs and food insecurity.

In collecting data, the health center staff connect students and their families to social services as well as influence school policy, Wright noted. For example, if the number of students reporting utility shut-offs at home, the school may want to consider staying open longer so students can complete their homework before heading home.

East of Detroit, the Massachusetts Association for School-Based Health Care began convening health and education stakeholders on the connection between school-based health centers and high school graduation about five years ago, said Nancy Carpenter, MPH, the association’s executive director.

While Carpenter said dropout prevention is at the top of the radar screen for many state school-based health centers, “it’s still a very complicated connection to make on the ground.”

Back in Durango, Beall said that students with poor school attendance — an early sign of future dropout — are often struggling with drug and alcohol issues as well as issues at home. In response, Beall administers every student who comes into the school-based health center for psychosexual issues that go far beyond the initial problem that brought them to the center. In fact, Beall said she is working with school administrators to funnel in students who are struggling to the center for evaluation.

To learn more about school-based health centers, visit www.schoolbasedhealthcare.org. — Kim Krisberg

Parity law has increased use of mental health, substance use care

USE OF both mental health and substance abuse services have increased since the passage of the 2008 parity law, according to a recent report.

Released in February by the Health Care Cost Institute, the report found that the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 improved access to mental health and substance use services in hospitals. But the report also found consumers continued to pay more out-of-pocket for substance use admissions than for other types of hospital admissions.

The law expanded the 1996 Mental Health Parity Act to include substance use treatment. Under the 2008 law, large group health plans are required to make mental health coverage rules similar to those for medical and surgical coverage. The plans also are required to equalize copays, deductibles, coinsurance and out-of-pocket limits for both behavioral and medical and surgical care.

Analyzing hospital spending, use, prices and out-of-pocket payments for mental health and substance use admissions for people younger than 65, the report found that between 2007 and 2011, spending on hospital admissions for mental health and substance use grew faster than spending on medical and surgical admissions. The increases in spending were driven by more use of such services, according to the report.

Also, while the average price per admission for substance use care was lowest when compared with mental health and medical and surgical care in 2011, the average share of out-of-pocket spending for substance use care was highest, at 12 percent. That compared to a 10 percent average share of spending for out-of-pocket costs for mental health care and 4 percent for medical and surgical care. In other words, while the 2011 average price of substance use care was about $20,000, compared to about $7,200 for substance use care, out-of-pocket spending for substance use care averaged at $889, compared to $796 for medical and surgical care.

“While it is too soon to understand the full impact of the Parity Act, we need to be looking carefully to make sure we understand whether the reduction in out-of-pocket payments may be growing at a faster pace than medical spending,” said David Newman, PhD, JD, executive director of the Health Care Cost Institute. “Moreover, while there is widespread interest in better understanding the drivers of cost and utilization, we need to consider whether they be benefit design, the economy or something else, need to be monitored so we better understand them.”

The report found per person spending on mental health inpatient admissions grew by about 12 percent to $21.35 in 2011. Substance use admission spending per person rose nearly 29 percent to $10.06. The same year, per capita hospital spending for medical and surgical admissions grew about 4 percent to $769.16. Substance use admissions grew by nearly 20 percent between 2010 and 2011 compared to about 6 percent for mental health admissions. There was a 2 percent decline in medical and surgical admissions.

“There’s extraordinary growth in mental and substance use admissions by people with private health insurance since 2009,” said Martin Gaynor, PhD, board chair at the Health Care Cost Institute and professor of economics and health policy at Carnegie Mellon University. “What is driving these differences is unclear.”

According to the report, spending growth for mental health and substance use hospital admissions was linked more to increased use than rising prices.

“The Impact of the Mental Health Parity and Addiction Equity Act on Inpatient Admissions” is online at www.healthcostinstitute.org/reportMH. — Donya Currie


**Study predicts primary care shortage for 7 million Americans in 2014**

Seven million Americans could face a primary care physician shortage as the Affordable Care Act improves coverage but increases demand, according to a recent study.

Published online Feb. 20 in Health Affairs, the study found expanding coverage under the 2010 health reform law would directly impact about 44 million people who live in areas where the projected increase in demand is greater than 5 percent of the current supply. Of those, 7 million people live in areas where the demand for primary care providers will exceed supply by more than 10 percent. The study also projects a national average of about 2 percent.

“These findings highlight the need to promote policies that encourage more primary care providers and community health centers to practice in areas with the greatest expected need for services,” the study’s authors wrote.

The health reform law includes several provisions designed to address possible shortages as people transition from uninsured to insured. Those provisions include loan repayment programs for physicians and public health workers who agree to work for a period of time in underserved areas and bringing Medicaid payments to the level of Medicare payments this year and in 2014.

“We’re excited about the ACA expanding coverage....But when you’re expanding coverage, of course, you’re increasing demand for providers.”

— Vanessa Forsberg

**Flu vaccine effectiveness low among seniors**

This season’s flu vaccine reduced the risk of illness by a half to two-thirds for most people, according to a recent study, but there was low effectiveness among seniors for the most common virus types.

Published in the Feb. 22 Morbidity and Mortality Weekly Report, the Centers for Disease Control and Prevention study found, overall, the seasonal influenza vaccine reduced the risk for flu-related medical visits by 56 percent. That effectiveness was consistent across all age groups except among people 65 and older. Among seniors, “little or no benefit” could be confirmed for the H3 strain.

Based on an analysis of about 2,700 children and adults, the study estimated the current vaccine was 47 percent effective against influenza A, or H3N2, infections and 67 percent effective against influenza B infections. Among people age 65 and older, the vaccine had a 27 percent effectiveness against flu-related medical visits overall and just 9 percent effectiveness against medical visits related to infection with influenza A. The majority of positive flu virus samples tested in the United States from Sept. 30, 2012-Feb. 9, 2013, were influenza A.

“Variability among studies and across seasons and age groups is to be expected and should not change recommendations for annual vaccination,” the study’s authors wrote.

Calls to the national smoking quit line doubled after the March 2012 launch of the campaign, with more than $4,000 calls in a single week. The campaign ads were shared on television, radio, billboards and online and in theaters, magazines and newspapers.

**CDC launches latest round of hard-hitting anti-smoking ad campaign**

A successful public health campaign that uses hard-hitting graphics to deliver its anti-smoking message has begun a second round.

The Tips from Former Smokers campaign, created by the Centers for Disease Control and Prevention’s Office on Smoking and Health, uses graphic stories of real people living with the complications of tobacco-related diseases. In one ad in the campaign’s first round, a former smoker told how he lost both of his legs and several fingertips to a smoking-related disease.

 Calls to the national smoking quit line doubled after the March 2012 launch of the campaign, with more than $4,000

**NEW RELEASE!**

**Bad Acts: The Racketeering Case Against the Tobacco Industry**

By Sharon Y. Eubanks and Stanton A. Glantz

Bad Acts: The Racketeering Case Against the Tobacco Industry tells the story, not yet fully revealed, of what was happening behind the scenes at the Department of Justice as the case approached victory, when the Bush Administration intervened, with some success, to protect Big Tobacco.

The book examines the political influences and interferences of and by Clinton Democrats and George W. Bush Republicans. It is a candid behind-the-scenes account of how the case was put together, how the industry attempted to halt the case, and how it ultimately was won by the Justice Department.
NATION IN BRIEF

Job-based health insurance declines

The rate of employment-based health insurance fell from about 64 percent in 1997 to about 57 percent in 2010, according to a recent Census Bureau report.

Released in February, the report found the likelihood of working for an employer that offers any health insurance benefits increased with family income.

Other findings included that about 43 percent of individuals who did not complete high school worked for an employer that offered health insurance to any of its employees, compared to nearly 79 percent of individuals with a college degree. While about 38 percent of employers with up to 24 employees offered more than one health plan, employers with 1,000 or more employees offer more than one health insurance benefit.

Vaccines averted 1.5 million H1N1 cases

A recent study found U.S. vaccination against H1N1 influenza prevented up to 1.5 million cases, 10,000 hospitalizations and 500 deaths.

Published in the March issue of Emerging Infectious Diseases, the study was based on U.S. surveillance data and vaccine coverage estimates from 2009-2010. In response to the H1N1 outbreak, about 69 million people were vaccinated by February 2010.

“‘This study highlights the benefits of earlier, proactive, as opposed to reactive, vaccination programs,’” the study’s authors wrote. “‘However, current influenza vaccine production technology is limited in how quickly large-scale vaccine production can be achieved, and the public health community cannot accurately predict the arrival of an epidemic.’”

A second study published online Feb. 26 in the British Medical Journal found a small risk of narcolepsy among children who received the H1N1 vaccine. The risk translates to one case in 52,000 to 57,000 vaccine doses.

Alzheimer’s cases to triple by 2050

The number of people with Alzheimer’s disease may triple by 2050, according to a study in the Feb. 6 online issue of Neurology.

“Our study draws attention to an urgent need for more research, treatments and preventive strategies to reduce this epidemic,” said co-author Jennifer Weuve, ScD, MPH, of the Rush Institute for Healthy Aging at Rush University Medical Center in Chicago. The study was based on an analysis of information from about 10,800 people ages 65 and older living in Chicago between 1993 and 2011. Participants were interviewed and assessed for dementia every three years. The data were combined with U.S. death rates, education and current and future population estimates and found the total number of people living with Alzheimer’s in 2050 is projected to be 13.8 million, an increase from 4.7 million in 2010.

Tdap vaccine advised for pregnant women

The Advisory Committee on Immunization Practices has issued an updated recommendation that pregnant women be vaccinated with Tdap, or the tetanus, diphtheria, pertussis vaccine, during every pregnancy to protect infants.

“Pertussis, or whooping cough, is highly contagious and can cause serious or prolonged illness and even death, particularly among infants. There were more than 41,000 cases of pertussis reported in the United States in 2012,” the study’s authors wrote.

Published in the Feb. 22 Morbidity and Mortality Weekly Report, the updated recommendation is based on new data that indicate a mother’s antibodies against pertussis are short-lived, “therefore, Tdap vaccination in one pregnancy will not provide high levels of antibodies to protect newborns during subsequent pregnancies.”

Fast food racks up calories

U.S. adults consumed an average of about 11 percent of their total daily calories from fast food in 2007-2010, according to a recent report.

The February National Center for Health Statistics report found an average of about 11 percent of their total daily calories from fast food in 2007-2010, according to a recent report.

The February National Center for Health Statistics brief found the percentage of calories consumed from fast food decreased with age. Adults ages 60 and older consumed the lowest percentage, at 6 percent, of their daily calories from fast food.

Health IT could help reduce disparities

Health information technology offers promise for reducing disparities, according to a recent report. “‘Equity in the Digital Age: How Health Information Technology Can Reduce Disparities’” was released in February during the White House Summit on Achieving eHealth Equity. The report found enhanced demographic information, for example, could help pinpoint disparities and lead to a more culturally and linguistically appropriate workforce.

“Gathering data on race/ethnicity and language needs at enrollment, combined with a robust system of electronic health records, has the potential to change the health care experience in our communities,” said Kathy Ko Chin, president and CEO of the Asian & Pacific Islander American Health Forum. The report is available at www.cpehn.org.

Young women getting more advanced cancer

An analysis of breast cancer trends in the United States has found a small increase in the incidence of advanced breast cancer among women ages 25-39.

Published in the Feb. 27 Journal of the American Medical Association, the study looked at breast cancer incidence, incidence trends and survival rates from three U.S. National Cancer Institute Surveillance, Epidemiology and End Results registries. Those registries provided data spanning 1973-2009, 1992-2009 and 2000-2009 and showed a steady increase in the incidence of distant disease breast cancer, or cancer that spread to other areas of the body, in 25- to 39-year-old women, from 1.53 per 100,000 in 1976 to 2.90 per 100,000 in 2009.

“The trend shows no evidence for abatement and may indicate increasing epidemiologic and clinical significance,” the study’s authors wrote.

― Donya Carrie

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Photo by Kristian Sekulic, courtesy Stockphoto

A vaccine advisory panel recommends that pregnant women receive the Tdap vaccine to protect their infants.
Considering the difference Public Health Officials make in the Real World, shouldn’t your MPH be from a college with a Real World curriculum?

This year in the Northeast, public health officials had to deal with the aftermath of a devastating hurricane and a widespread flu epidemic. Preparing healthcare professionals who can lead and manage during such critical times is exactly what Monroe College’s MPH program is designed to do.

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The 2013 Annual Meeting theme of “Think Global, Act Local” with a focus on best practices from around the world, will highlight how other nations have improved population health outcomes while keeping costs in check and whether such efforts can succeed within the U.S. health system. The Boston meeting will also explore the progress of existing efforts that were adapted from other countries as well as national efforts that were reshaped to address regional needs here in the United States. Today’s health landscape is quickly changing and public health’s unique adaptation skills will be critical to ensuring that the nation’s vulnerable residents, families and communities don’t get left behind.

Boston is a wonderful blend of stylish sophistication and historic New England charm. You can easily uncover the city’s past while enjoying its distinctively modern edge. Cultures from all over the world are cherished and celebrated by Boston’s vibrant neighborhoods, each with their own personality and distinct appeal. As a historic capital, Boston has become a magnet for all the world’s citizens.

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Hotel reservations must be made through APHA Housing Services in order to confirm discounted rates in the APHA block at Annual Meeting hotels.

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PROGRAM AT A GLANCE

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REGISTRATION & HOUSING OPEN JUNE 3, 2013
Visit www.apha.org/meetings/annualmeeting for detailed information
Health departments first to earn national public health accreditation

The Nation’s Health / May/June 2013

Photo by Marylee Wright, courtesy Oklahoma State Department of Health

Oklahoma State Department of Health employees celebrate the agency’s accreditation status March 8. The department was one of 11 to achieve accreditation through a program administered by the Public Health Accreditation Board.

ACCRREDITATION, Continued from Page 1

It to deliver core and essential public health services, originally launched in 2011 after years of collecting input from hundreds of public health practitioners nationwide. APHA member Kaye Bender, PhD, RN, FAAN, president and CEO of the Public Health Accreditation Board, called the initial class of accredited health departments a “huge milestone” for public health.

“I can’t say enough about how brave these health departments were,” Bender said. “It’s tough to be the first of anything. But to have health departments say ‘we believe in this so strongly that we’re going to put our work out there...that’s a very brave thing to do.”

The 11 departments to achieve accreditation were:

◆ Comanche County Health Department, Oklahoma;
◆ Franklin County Health Department, Kentucky;
◆ Livingston County Department of Health, New York;
◆ Northern Kentucky Independent District Health Department, Kentucky;
◆ Oklahoma City-County Health Department;
◆ Oklahoma State Department of Health;
◆ Spotsylvania Health District, Washington;
◆ Cabarrus Health Alliance, North Carolina;
◆ Three Rivers District Health Department, Kentucky;
◆ Washington State Department of Health; and
◆ West Allis Health Department, Wisconsin.

As of mid-March, nearly 130 health departments were working toward voluntary accreditation, and the board is receiving new applications every week, Bender said. The Nation’s Health.

Applicants range from small health departments serving communities of just 9,000 to those serving millions of residents, Bender said. She noted that before accreditation, “we never really had anything by which to measure how an individual health department was doing against the best and most promising practices in

home to the highest rates of cardiovascular disease. “Our goal is to become a cutting-edge health department and we thought accreditation was a key way to demonstrate to our community that we’re striving for a more proactive approach to protecting and improving the health of our citizens,” said Cox. “It’s a lot of work, it’s a substantial investment of time. But it’s a valuable exercise that will help you refocus your agency in areas that will pay dividends very quickly. It’s a great source of pride for our employees to have gone through this very strenuous exercise and be successful at it.”

Georgia Heise, DrPH, director for Ken- tucky’s Three Rivers District Health Department, said her health department began aligning its activities with accreditation standards long before accreditation officially debuted. When the opportunity to apply finally arrived in 2011, “We were ready to go,” said Heise, an APHA member and current vice president of the National Association of County and City Health Officials. Within the four counties the health department serves, Heise said accreditation has helped Three Rivers define its identity for residents and rally its resources “to do true public health work.” In fact, because the provision of clinical services is not considered a core public health service, such services are not included within the accreditation framework.

“We wanted to distin-

guish ourselves from clin-

ical care, from primary care...we wanted to build our identity within our community,” Heise said. “We made it seem like an add-on, so you have to make sure you have a culture that supports and understands quality improvement work,”

Selecky told The Nation’s Health. “Quality improvement is not something you make people do, it’s something that needs to be embraced.”

For a health department anxious to prove its efficiency, accreditation sends the message that “we’re committed to quality and transparency...that we’re trying to improve the effectiveness of the resources being made available to us,” said F. Douglas Scutchfield, MD, a member of the Public Health Accreditation Board’s Board of Directors. Scutchfield noted that the accreditation board has created avenues for even the tiniest health departments with the most limited resources to be able to achieve accreditation.

“I don’t think there’s a health department out there that’s satisfied with the status quo,” he said.

For more information about public health accreditation, visit www.phaboard.org.

— Kim Krisberg
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CDC calls on health professionals to target antibiotic-resistant bacteria

A RELATIVELY NEW antibiotic-resistant bacteria has the potential to kill up to half of the people infected with it, but public health officials can play a role in halting its spread.

The bacteria in question are enterobacteriaceae, a family of more than 70 bacteria that include *Klebsiella pneumoniae* and *E. coli*. Recently, some of these bacteria have become resistant to even last-resort antibiotics such as carbapenems, according to the Centers for Disease Control and Prevention. These carbapenem-resistant enterobacteriaceae, known as CRE, have been found in hospitals across the U.S. CRE are nightmare bacteria,* said CDC Director Tom Frieden, MD, MPH, in a March 5 statement released with a CDC Vital Signs report detailing the problem. “Our strongest antibiotics don’t work and patients are left with potentially untreatable infections.”

The bacteria are most likely to infect hospitalized patients who have already been exposed to antibiotics, CDC said, though outbreaks have also been reported in long-term care facilities. The bacteria can cause infections in almost any body part, including the bloodstream, lungs, abdomen and urinary tract. “It is important to note that CRE kill up to half of patients who get bloodstream infections from them,” Frieden said.

The bacteria’s resistance to even the strongest antibiotics in the medical arsenal is worrying, said Ed Septimus, MD, professor of internal medicine at the College of Medicine at Texas A&M Health Science Center and a member of the Antimicrobial Resistance Committee at the Infectious Diseases Society of America. “What it means is that when you get an infection there are a limited number of antibiotics to treat it,” Septimus told The Nation’s Health. “It’s harder to treat and the outcomes are not as favorable.”

The good news is that carbapenem-resistant enterobacteriaceae are not as common as other dangerous bacteria — such as methicillin-resistant *Staphylococcus aureus*, also known as MRSA. “There is an opportunity to contain this, and (the) public health (profession) is extremely helpful,” Septimus said.

Fighting the bacteria requires a multi-pronged approach that starts with increasing health professionals’ ability to recognize the bugs when they appear. Most often, this is in hospital settings, which means that laboratory diagnostics must become more adept at spotting the bacteria.

The second prong is infection prevention practices. CDC released a toolkit to help facilities plan their surveillance and prevention strategies. It lists eight core measures for hospitals and long-term care facilities, two places where the bacteria are found and transmitted most often. These measures include hand hygiene, direct contact precautions — including use of gown and gloves while in an infected patient’s room, personnel education, isolating infected patients and minimizing use of devices such as catheters that can put patients at risk.

The toolkit also recommends that facilities screen patients who might carry the bug before they enter without showing symptoms.

Finally, clinicians need to practice antimicrobial stewardship, by restricting the use of carbapenems so that bacteria are less likely to grow resistant.

“We need to ensure appropriate use, in the right dose for the right duration to try to limit infection by overexposure,” Septimus said.

Fighting carbapenem-resistant bacteria is stymied by the lack of new antibiotics, according to a CDC news release. Many companies have given up seeking new drugs for financial reasons, and as bacteria develop resistance to those drugs that do exist, there are fewer options to fight them.

In an effort to curb the nonmedical use of antibiotics, U.S. Rep. Louise Slaughter, D-N.Y., introduced a bill in March that aims to stop the overuse of antibiotics on farms. About 80 percent of all antibiotics sold in the U.S. are used for agricultural purposes, which may speed up the process by which bacteria develop resistance. Slaughter’s bill, the Preservation of Antibiotics for Medical Treatment Act, H.R. 1150, has been introduced four times since 2007 but has failed to advance.

“Since 1977, when the FDA acknowledged the threat of antibiotic-resistant disease and called for a reduction in the use of antibiotics in animals, we have been waiting for meaningful action to protect public health,” Slaughter said in a statement. “Instead, we’ve gotten delayed and half measures, and as a result, even common illnesses like strep throat could soon prove fatal.”

CDC’s carbapenem-resistant enterobacteriaceae toolkit is available at www.cdc.gov/hai/organisms/cre-toolkit. — Charlotte Tacher

Public health laboratories must increase capacity, assessment finds

PUBLIC HEALTH laboratories have low capacity in several key areas, including newborn screening and workforce education and training, according to a recent study.

A national assessment of public health laboratory capacity published in the March 8 *Morbidity and Mortality Weekly Report* found capacity for workforce education and training and newborn screening at less than 50 percent. The assessment was conducted in 2011 by the University of Michigan and the Association of Public Health Laboratories.

“Newborn screening is probably the most important thing that we, as public health laboratories, do,” John DeBoy, DrPH, a study author and chair of the Association of Public Health Laboratories Workforce Development Committee, told The Nation’s Health. “If you miss a baby, it could, of course, end up with mental retardation or even death.”

The nation’s newborn screening program, which marks its 50th anniversary this year, detects problems that are treatable but most often not detectable without a blood test. DeBoy said proper screening relies on highly trained laboratory workers as well as sophisticated equipment.

The assessment found the highest capacity, at 80-90 percent, in the areas of molecular biology, safety and security, bacteriology and emergency preparedness and response.

According to the study, capacity was lowest in agricultural chemistry and microbiology, at about 20 percent, and clinical chemistry and hematology and toxicology, at about 35 percent.

But DeBoy said those numbers were misleading because the study’s authors only screened questionnaires from six agricultural laboratories, meaning the assessment was not a full picture of capacity in that area. As for toxicology, he said much of the work in that area is conducted in the environmental chemistry portion of the lab, which in the assessment scored at about 75 percent capacity. Clinical chemistry and hematology were low, DeBoy said, because those have not been considered core functions of public health laboratories in recent years, and many states did not have services covered by large hospitals.

DeBoy said the lack of capacity in the area of education and training is a key concern because what that means for the future of public health laboratories. “Like anything else, you’re only as good as the people you have,” he said. “As more and more people retire, it becomes more important to bring good people in and get them properly trained.”

A lack of proper continuing education and training for laboratory personnel has been an ongoing problem “across the board” in local, state and federal laboratories, DeBoy said.

“There are some counties and the feds have had to cut their budgets, that’s one of the first things that gets cut,” he said about education and training. “That also greatly hinders recruitment and retention.”

The Association of Public Health Laboratories has been working for the past several years to expand the pipeline of future laboratory scientists, DeBoy said. That has included coming up with standardized job titles, development of a national certification exam in public health microbiology and a joint project with the Centers for Disease Control and Prevention to develop core competencies for public health laboratories.

The goal is to publish those core competencies by early 2014. The association also is working to identify schools of public health that would be willing to develop a doctoral program on public health laboratory science and practice.

For more information, visit www.aphl.org or www.cdc.gov/mmwr. — Donya Currie

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*Photo by Simone van den Berg, courtesy iStockphoto*
ON THE JOB IN BRIEF

AHRQ strategies encourage safety

The Agency for Health-care Research and Quality recently updated recommendations for patient safety, identifying 22 strategies that could improve both the safety and quality of health care.

Of the strategies outlined in the March report “Making Health Care Safer II,” the agency “strongly encouraged” 10 for adoption based on the strength and quality of evidence. Those 10 strategies include pre-operative checks and anesthesia checklists to prevent problems during and after surgical procedures, checklists to prevent central line-associated bloodstream infections and a recommendation on hand hygiene.

The report is available at www.ahrq.gov/research/findings/evidence-based-reports/makingcsafer.html.

First responders risk mental disorders

First responders who are repeatedly exposed to traumatic events or are new to the profession are at higher risk for mental disorders, according to a recent study.

Published in the March 11 JAMA Internal Medicine, the survey of about 500 physicians also found 20 percent believed their average workload “likely contributed to patient transfers, morbidity or even mortality,” according to the survey. The physicians surveyed said they could safely see 15 patients per shift if they had no other duties other than patient care. The study’s authors said concerns about health care costs are putting pressure on physicians.

“Excessively increasing the workload may lead to suboptimal care and less direct patient care time, which may paradoxically increase, rather than decrease, costs,” the authors wrote. “Payers, providers and researchers need to collaborate to improve productivity while maintaining a safe workload.”

Internet can identify drug safety problems

Internet searches on health symptoms can identify drug side effects and could help develop a new kind of early warning system to improve drug safety, according to a study published online March 6 in the Journal of the Medical Informatics Association.

The study’s authors based their findings on an analysis of the search logs of millions of U.S. Internet users who agreed to install a browser add-on and share their online searches throughout 2010. Researchers developed automated tools to analyze searches related to the antidepressant paroxetine and the cholesterol-lowering drug pravastatin. That year, it was not yet public knowledge that taking the two medications caused high blood sugar, but the study’s authors found that information by monitoring the side effects reporting system and confirming the finding in a separate laboratory study.

During the Internet study, those people who searched online for both drugs were almost twice as likely to search for terms associated with high blood sugar as those who looked up the drugs separately. An analysis of other drug pair interactions associated with high blood sugar pointed to similar search patterns.

“There is a potential public health benefit to listening to such signals,” the study’s authors wrote. They said patient search behavior “directly captures aspects of patients’ concerns” about side effects and can “complement more traditional sources of data” for drug safety monitoring.

Disability can hinder employment search

People with disabilities are less likely to be employed than people without disabilities, and those who are employed typically have jobs with lower earnings, according to recent Census Bureau estimates.

Based on the Disability Employment Tabulation of the U.S. Census Bureau’s American Community Survey, individuals with disabilities also earned less than their colleagues with no disability. The tabulation found that between 2008 and 2010, individuals without disabilities were about three times more likely to be employed than individuals without disabilities.

Overall, people with disabilities accounted for 9.4 million, or 6 percent, of the 155.9 million civilian labor force. More than half of all workers with a disability were concentrated in four general occupation groups: service workers, except first responders; administrative support; sales workers; and management, business and finance.

The Disability Employment Tabulation 2008-2010 is available via the Census Bureau’s online statistics search tool American FactFinder at http://factfinder2.census.gov.

Practices miss out on medical homes

Pediatric and family medicine practices with five or fewer doctors are not as equipped to become “medical homes,” a recent study found, meaning those practices miss out on funding and other resources.

The medical home model is designed to improve health care delivery and control costs, and medical practices can become certified under the National Committee for Quality Assurance’s patient-centered Medical Home program, among others. The study used that program’s standards and awarded points to medical practices for each “perfect” standard.

On average, pediatric practices attained 38 percent of medical home infrastructure points, and family or general practices attained 36 percent. The smaller the practice size, the lower the score tended to be.

“Medical home programs need effective approaches to support practice transformation in the small practices that provide the vast majority of the primary care for children in the United States,” the study’s authors wrote.

The study was published in the March issue of Pediatrics.

— Donya Carrie

NEW RELEASE!

Infectious Disease Epidemiology

By Kendra E. Nelson, MD and Carolyn Masters Williams, PhD MPH

N ew in its third edition, this comprehensive volume is recognized as the most authoritative review of the epidemiology of infectious disease. Divided into five sections that cover methods in infectious disease epidemiology, airborne transmission, diarrheal diseases, blood and body fluid as a reservoir of infectious diseases, vector-borne and parasite disease, the book includes “state-of-the-art” chapters on methodological issues, pathogenesis, and comprehensive reviews of virtually all known infectious diseases.

Co-published with Jones & Bartlett Learning

M A Y / J U N E  2 0 1 3  ❖  T H E  N A T I O N ’ S  H E A L T H  ❖  1 7
Engagement key in first part of Health Administration Section strategic plan

A JOURNAL PUBLICATION and a mentoring program are part of the first phase in a Health Administration Section strategic plan to boost member engagement.

Operation Engage is the first phase of the Section’s three-year strategic plan, which began in November, said John Williams, DrPH, MBA, Section chair and assistant professor of the University of Kentucky College of Public Health’s Department of Health Services Management.

The plan is designed to get the Section’s members more involved in the group and its activities.

“We’re looking at engaging or getting involved students, practitioners and those from the academic world,” Williams told The Nation’s Health. “We have those three that we’re trying to bridge (and) trying to set up communications between all three.”

The Section will be putting together a special edition of the Journal of Public Health Management and Practice on the Affordable Care Act and its influence on public health practice, said Michael Morris, PhD, a Section member and assistant professor at the University of Arkansas for Medical Sciences. There will be a push starting in spring to encourage members of other APHA Sections to submit abstracts for the journal, which could be published between November 2014 and January 2015, Morris said. The publication will be a combination of commentary and scientific research-based articles, Williams said.

“This is an expanded role in relation to a push that we started a couple years ago to get the Section more engaged in public health policy and trying to develop the evidence base for public health practice, particularly in relation to public health policy and management,” Morris told The Nation’s Health. “We’re trying to one, get our membership within the Section to take a leadership role in terms of contributing to this broader public health policy debate but also to stimulate the discussions related to policy and management across APHA.”

Sue Zahner, DPM, RN, the Public Health Nursing Section chair, said Williams reached out to her in the fall of 2012 about being a part of the publication. As of October, Zahner said several Section members have volunteered to write for the journal.

“I think it’s a good idea for Sections to collaborate,” Zahner told The Nation’s Health. “I think it’s a good idea for APHA to support cross-Section collaboration. I think it benefits the work by having input from APHA members that have a variety of different kinds of professional backgrounds.”

The Section is working to create welcome kits to mail to new members and plans to start a mentoring program. Both initiatives are set to kick off in June, Williams said.

The plan is to create a “buddy system” for long-time Section members and public health students.

“We strongly believe by way of action we get students involved, they are the future for APHA and of course each Section,” Williams said.

Operation Engage is the first of three phases of the strategic plan, Williams said. Initiatives in the other phases will be determined based on the Section’s future leadership, Williams said.

“We essentially switch chairs each year and what we’re trying to do is make this continuous so the person who is the chair, anything that’s not accomplished in my time is continued in the following year,” Williams said.

For more information, visit www.apha.org/member-groups/sections/apha sections/healthadmin.

— Natalie McGill
Preventing Childhood Obesity in Early Care and Education, Second Edition

A publication from American Academy of Pediatrics, American Public Health Association, and National Resource Center for Health and Safety in Child Care and Early Education

PREVENTING CHILDHOOD OBESITY IN EARLY CARE AND EDUCATION, SECOND EDITION

APHA's 2012 Annual Report

In a time of unprecedented change, learn how APHA continues to lead the way in improving and protecting public health in APHA's 2012 Annual Report.

You can view APHA's Annual Report at www.apha.org/about

To request a printed copy, email david.fouse@apha.org

American Public Health Association
COUNTY HEALTH, Continued From Page 1

Department, used the rankings and Kansas Health Institute data to show a need for public health initiatives, such as a sidewalks and trails master plan adopted by the Unified Government of Wyandotte and Kansas City, Kan., in 2012.

Wyandotte is just one of many counties nationwide using data from the County Health Rankings to improve the health of residents. Developed by the Robert Wood Johnson Foundation and University of Wisconsin Population Health Institute, the annual rankings are a comprehensive database of health trends in every American county. Data was collected on topics such as tobacco use, obesity rates and access to medical care.

Instead of measuring counties against each other nationwide, the annual assessment ranks them state by state, allowing comparison among peers. The rankings were the “catalyst” to move Wyandotte County forward, said Joseph Connor, MBA, director of the Wyandotte County Public Health Department and an APHA member.

“The message that it sent resonated for everyone,” Connor told The Nation’s Health. “We were able to rally around that and not spend time being defensive.”

National trends from 2013 rankings, released in March, include a 50 percent drop in violent crime in the last two decades and no improvement since 2000 in reducing the number of children living in poverty, said Bridget Catlin, PhD, MHSA, director of the County Health Rankings and Roadmaps program and program director of the Mobilizing Action Toward Community Health at the University of Wisconsin Population Health Institute.

Other factors such as low graduation rates, high teen birth rates and a low rate of college attendance continue to be much higher in unhealthier counties, said Catlin, an APHA member. Rates of obesity and tobacco use continue to be worse in lower-ranked counties compared to healthier ones, she said.

“Some of the reasons the County Health Rankings is important is because it shows there is no singular factor that makes a community healthy or unhealthy,” said Abbey Cofsky, MPH, a senior program officer with the Robert Wood Johnson Foundation’s public health team and an APHA member.

“When we look at the message around the county health rankings, it’s not just about the data but it’s about the community and having the data to move into action,” Cofsky told The Nation’s Health. “In many cases, that means bringing stakeholders around the table to look at the data and say ‘Wow, look at the place in the country we’re doing well’ and say ‘Look at the opportunities for improvement.’”

In Genesee County, Mich., those stakeholders in public health are the Greater Flint Health Coalition. A nonprofit since 1996, its members span General Motors officials, local hospitals and school districts, who came together to address access to health care.

But when 2010 County Health Rankings highlighted the county’s struggle to reduce unhealthy behavior such as smoking and poor nutrition, the group realized it had work to do, said coalition CEO and President Kirk Smith, MHSA. In 2010, Genesee County ranked last out of 82 Michigan counties for health behaviors. Today, 71 percent of Genesee County residents are obese, said Smith, an APHA member.

“What we realized is we needed to have a shared conversation, to engage everybody who lived or worked here that being active and eating well and making personal healthy choices was a good thing to do,” Smith told The Nation’s Health.

The coalition began the Commit to Fit campaign, which since 2011 has launched a series of healthy living challenges such as Fall 4 Fitness.

The challenge, which was intended for county business employers to ask participants to exercise for 30 minutes each day and log their exercise time at www.commit2fit.com. Prizes included cash and trophies.

“We thought we’d get 10 businesses,” Smith said of the 2011 challenge. “We ended up getting about 5,000 people. We knew we were on to something at that point.”

In January, the coalition began offering free year-long physical activity classes such as Zumba and nutrition classes five days a week at four locations in Flint, Mich. The nutrition classes teach residents how to select, cook and eat healthy foods on a budget, he said. Most classes have 30 to 35 attendees, Smith said.

Since the 2010 County Health Rankings, Genesee County has moved from 82nd to 77th for health behaviors in Michigan counties, based on 2013 data. But Smith knows that changing the lifestyle of each resident will take time.

“It’s not easy,” Smith said. “It’s not going to happen overnight and it’s going to take a longer commitment to engage one another.”

Across the nation, counties are constantly working to keep public health on their radar screens.

Back in Wyandotte, the local government is leveraging its assets to improve community health. When a casino group wanted to develop in the county, the developer agreed to pay the public health division $500,000 annually to give grants for social and charitable services. Elected officials designated that $500,000 as a pot of available grant money that only Kansas nonprofit groups in good standing could use to fund community health projects, Connor said.

Nonprofits had the opportunity to apply for $10,000 to $50,000 for a year-long project and the first group of grant winners will be announced in the middle of May, Connor said.

“We’ll be awarding money for our community only, and the primary issues were active living and healthy eating,” Connor said. “Those are pretty big accomplishments for any community, especially to have it dedicated to community health improvement.”

Cofsky said the broad definition of health is a key message of the County Health Rankings.

“There’s so much we can do at a local level to change and make our communities healthier,” Cofsky said. “The County Health Rankings champion what can be done in cities and counties and towns around the country.”

For more information on the County Health Rankings, visit www.countyhealthrankings.org.

— Natalie McGill
Lag between trials, publication dates

Nearly two years pass between the time clinical trials are completed and results are published, according to a recent study. Published online March 4 in JAMA Internal Medicine, the study looked at about 1,300 clinical trials published during 2009. Of those, the median time between completion of the trial and publication of results was 21 months.

“Given the time required to publish results from these clinical trials, our findings support current federal initiatives requiring results reporting of clinical trials within 12 months of trial completion to ensure the timely dissemination of clinical science,” the study’s authors wrote.

Researchers found only modest differences across types of clinical trials. For example, the median time to publication was longer among trials funded by industry, at 24 months, compared to those funded by government and non-profit agencies, at 20 months.

Homicide risk rises for mentally ill

People with mental disorders have a highly increased risk of being victims of homicide, according to a study published online March 5 in the British Medical Journal.

U.S. and Swedish researchers assessed mental disorders and homicides across the entire population of Swedish adults between 2001 and 2008 and found 22 percent of the 615 murderers were of people with mental disorders. After adjusting for several factors, the study found people with any mental disorders were at a five-fold increased risk of homicidal death compared to people without mental disorders.

The risk of homicide death was highest among those with substance abuse disorders, at about nine times the risk for those with no disorders.

The authors said one explanation might be that those with mental disorders are more likely to live in neighborhoods with high homicide rates. They also may be in closer contact with other people with mental illness and be less aware of their safety risks.

Adults support healthy government policies

Many Americans support government policies designed to help them make healthy decisions, such as menu labeling, according to a study in the March issue of Health Affairs.

A survey of about 1,900 adults concerning the acceptability of different public health legal interventions found support for the interventions is high overall. Support was substantially higher among blacks and Hispanics than among whites. The study also found support for such policies was higher among people who believed policy-makers took actions “in a way that makes people feel decision making occurred as part of a democratic process.

The study found more support for such strategies as menu labeling and improved access to nicotine patches than “more coercive measures” such as insurance premium surcharges.

“These findings suggest that the least coercive path will be the smoothest and that support for interventions may be widespread among different social groups,” the authors wrote. “In addition, the findings underscore the need for policymakers to involve the public in decision making, understand the public’s values and communicate how policy decisions reflect this understanding.”

Affordable salad bars more popular

Reducing the price of salad bar purchases by 50 percent can triple salad bar sales, according to a study in the February issue of Preventing Chronic Disease.

Researchers analyzed sales data by month for February through June 2012 and conducted an anonymous survey. They found salad bar sales by weight more than tripled during the month that prices were reduced by 50 percent. Sales then returned to their previous levels after the price increased.

Survey respondents said the high price of salad compared to other choices is a barrier when it comes to buying salad bar items.

“The change in purchases in response to the change of price suggests that salads purchased in a cafeteria are viewed as a luxury rather than a necessary,” the authors wrote. “Our data, and the data of others, suggest that efforts to increase salad consumption by reducing price can be effective in cafeterias.”

Dropping salad prices can be done without affecting cafeteria revenue by increasing the price of less healthful items, they wrote.

Storm raises carbon monoxide danger

Underscoring the need to continue to educate the public about safely operating generators in the event of a power outage, reports of carbon monoxide poisoning in the eastern U.S. were markedly increased in the wake of Hurricane Sandy.

According to a study in the Nov. 9 Morbidity and Mortality Weekly Report, 263 carbon monoxide exposures related to Hurricane Sandy were reported to poison centers in New York, New Jersey, Connecticut, Pennsylvania, West Virginia, Virginia, Maryland and Delaware. By comparison, there were 49 carbon monoxide exposures reported to poison centers and related to Hurricane Irene in 2011.

The study notes that carbon monoxide exposure can be prevented by following precautions such as placing generators as far away from homes as possible and never using a generator, grill, camp stove or other gasoline or charcoal-burning device inside a dwelling or outside near an open window.

Other safety precautions include installing a battery-operated carbon monoxide alarm in the home after Hurricane Irene in 2011. The study’s authors noted the need for further research in women, research into the underlying mechanisms of the increased risk and the development of specific interventions” to lower the risk of heart attack among people living with HIV.

Photo by Liz Roll, courtesy Federal Emergency Management Agency

New Jersey residents Antonio and Olga Marrone siphon gasoline out of their car to use in a generator after Hurricane Sandy. After the storms, there were 263 cases of carbon monoxide poisoning among people using generators, a study found.

M A Y / J U N E  2 0 1 3  ❖  T H E  N A T I O N ’ S  H E A L T H  ❖  2 1
Utah residents use social media to share journey to quitting smoking

The nation's health

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More than 100 stories came in through social media tools such as Facebook. Hartwell, who started smoking in her mid-20s, set a quit date of Feb. 19 and, as of March 19, had been smoke-free since, she said. The road to quitting started out bumpy for Hartwell. Used to the calm- ing effect of nicotine, her anxiety levels were high. She was anxious in social situations and preferred to stay at home, she said. Two weeks later, Hartwell noticed her mood change when a song played on the radio during a car ride home from her job. “I came home from work, I was tapping my hand on the steering wheel and I was like, ‘Wow, I’m back,’” Hartwell said. “It’s like I was out of a coma.”

A few weeks later, Hartwell, 61, was asked to be a part of the Be A Quit- ter campaign where she would be one of seven people who shared their jour- ney to quit smoking through an eight-week series of TV ads that aired statewide. The campaign highlights the journey to quitting smoking from seven Utah residents who chose to record video of their tri- umphs and struggles using an iPad and YouTube.

Utah has one of the low- est rates of tobacco use in the U.S. but there are still more than 200,000 state residents who smoke ciga- rettes, said Janae Duncan, program manager for the Utah Department of Health’s Tobacco Preven- tion and Control Program. The health department partnered with Utah-based Love Communications for the ads, which she hoped would strike a balance between some of the harder hitting advertise- ments from the Centers for Disease Control and Preven- tion’s Tips From Former Smokers campaign that show the physical effects of smoking such as a man who developed throat can- cer and now uses a stoma, a hole in his neck.

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Utah residents inspired to quit from the ads have resources available, such as a national telephone hot- line, 1-800-QUIT-NOW, and the website www.utahquit.net, Duncan said. Viewers can also interact with the stars of the ads themselves through Face- book at www.facebook.com/tobaccofreeUt.

Hartwell continues to take it one step at a time. She is using nicotine gum to combat her cravings and replaces urges to smoke with long walks in her neighborhood or around the building of her manu- facturing job. But she is still waiting for the feeling that she has broken her chains to tobacco, she said.

“I’m like the person waiting for the other shoe to drop,” Hartwell said. “I feel grateful. I’ve saved a lot of money. But as far as that freedom that I heard people say, I don’t feel that freedom yet. But I believe I will.”

For more information about the Be A Quitter campaign, visit http://beataquitterutah.com.

— Natalie McGill

Arizona cook-off encourages creativity


Inspired by the contents of a national preparedness food kit, the cook-off ingredients were decided by the public. In August, people could begin voting on the ingredients they wanted to see in a sample cookbook, nominating two items from each of the five categories of protein, fruits and vegeta- bles, starches, grains, nuts, beverages and comfort foods. The winning ingredient list: canned or packaged tuna, pinto beans, vegetable juice, coconut water, corn chips, mixed nuts, canned green chilies, canned pineapple, trail mix and canned or jarred cheese sauce.

The cook-off used the slogan “a dash of planning... a pinch of preparedness... a world of difference” to draw atten- tion to the need to keep a preparedness kit stocked with nonperishable food in case of an emergency.

Featured recipes included Peachy Nutty Pancakes, Mexican Three-Bean Salad, Spicy Tuna and Disaster Bar — a combination of trail mix, fire-roasted diced green chilies, canned pineapple, mixed nuts, coconut water and sugar.

Submitted recipes also included preparedness tips such as rotating items in an emergency food supply to ensure the supply includes fresh water, food and medications. The con- test website also features a question and answer ses- sion with local celebrity chef Jon-Paul Hutchins of Le Cordon Bleu College of Culinary Arts in Las Vegas, Nevada, and Ariz., who said he would include canned sardines as comfort food in any emer- gency kit. The site also offers tips for year-round emergency preparedness, such as keeping important phone numbers and addresses updated and practicing evacuation and family communication plans that can be used in an emergency.

Check out the recipes and more about the contest at www.emergencykitcookoff.blogspot.com.

Maryland seeks to stop construction falls

The U.S. Occupational Safety and Health Adminis- tration recently teamed with the Montgomery County Health and Safety Com- mission in Maryland to spread the word about preventing fatal falls in construction. Such falls are the lead- ing cause of death in the construction industry. In March, an awareness campaign launched that featured posters on display in Montgomery County’s public bus system. The posters include information on OSHA’s nationwide Campaign to Prevent Fatal Falls in Construction, which aims to raise aware- ness about the hazards of working from heights in construction and the neces- sary steps to keep workers safe, such as using a har- ness and lines for roof work.

The posters carry such messages as “I worked con- struction for 10 years before my fall. It shattered my body and my livelihood.” Posters went up on March 1 inside the county administration building and onto her com- puter screen.

“Well, I was out of a coma.”

But the study could not determine a cause-and- effect relationship between gun laws and gun deaths. A commentary written by APHA member Garen Wintemute, MD, MPH, of the University of California, Davis, in the same issue of the journal called for more study into the link between laws and gun deaths.

“To prevent firearm violence, our research efforts must be substantial and sustained,” Wintemute wrote. Some projects must hinge on shifts in policy-based and other potential interventions. Others need to deepen our basic understanding of the problem. Better data, and data systems, are needed.”

— Donya Carrié

State gun laws linked to lower death rates

States with more firearm laws have lower rates of firearm deaths, according to a study published online May 6 in JAMA Internal Medicine.

The study of all 50 states looked at firearm-related deaths reported to the Cen- ters for Disease Control and Prevention from 2007 through 2010. Researchers also exam- ined state- level firearm legislation across five categories of laws to create a “legislative strength score” and then used statistical analysis to measure the association of that score with mortality rates.

The study found that a higher number of firearm laws in a state was associated with a lower rate of firearm deaths in the state. Compared with the states with the fewest gun laws, the states with the most laws had lower firearm suicide and homicide rates. During the four-year study period, there were about 121,000 gun-related deaths, with the average state- based firearm fatality rate varying between a high of about 18 per 100,000 in Louisiana to a low of about 3 per 100,000 in Hawaii. Legislative strength was lowest in Utah and highest in Massachusetts.
Taiwan weight-loss program helps country shed 2,000 tons

As much of the rest of the world, the people of Taiwan have been gaining weight. In the past decade, the number of Taiwanese adults who were overweight or obese grew from 33 percent of the population to 44 percent, and one out of every four children is overweight or obese.

It was estimated that nearly 3 percent of the national health expenditure was spent on metabolic-syn- drome related diseases, said APHA member Shu-Ti Chiou, MD, PhD, MSc, director-general of Taiwan’s Bureau of Health Promotion. That figure does not include the cost of cancers and osteoarthritis that may be related to obesity.

“The promotion (of a) healthy lifestyle and weight management is an important issue in Taiwan,” Chiou told The Nation’s Health.

To combat the problem, the Bureau of Health Promotion launched a nationwide weight management campaign that has so far involved more than 1.5 million Taiwan residents, who have lost more than 2,000 tons since 2011. The campaign, Healthy Centenary, Healthy Taiwan, was tied to the 100th anniversary of the Republic of China, as Taiwan is also known.

The campaign started with a goal of achieving 600 tons of excess weight loss by practicing, “smart eating, joyful mov- ing and daily weighing,” to prevent and control chronic diseases, Chiou said.

The program specifically targeted people ages 6 to 64 with body fat percentages over the normal range based on World Health Organization figures.

To kickstart the effort, the bureau created guide- books for hospitals, workpl- ace s, schools and local health bureaus. It published a healthy lifestyle hand- book with information on healthy body weights, healthy eating and physical activity and created mobile applications for participants.

For workers, the bureau produced and promoted 10-minute and 15-minute instruc- tional fitness videos, as did local government, schools, hospitals and non-governmental organizations.

In a BBC video posted online to accompany a news story about the Healthy Centenary program, office workers at a telecom company stand in their cubicles and bounce on a balance board that is part of Taiwan’s nationwide weight loss program.

“There are too many 24-hour convenience stores, fast food restaurants, night markets and all-you-can-eat restaurants in Taiwan,” Chiou said, in addition to the fact that sugar-sweet- ened beverages and high-fat and high sodium products are available everywhere.

In addition, the country is seeing an increase in sedentary behavior among children.

Chiou said in 2009, children spent an average of more than two hours a day watching TV and using computers. One survey found that 70 percent of people in Taiwan do not exercise regularly.

Part of what is helping the anti-obesity effort in Taiwan is that the campaign reaches the highest levels. In January 2011, when Healthy Centenary, Healthy Taiwan was launched, Taiwan President Ma Ying-jeou and Premier Wu Den-Yih made public appearances to support the program, as did Chiou.

In a photo from a press confer- ence, Chiou is leaping in the air, demonstrating a workplace health exercise.

In January, an APHA del- ega tion visited Taiwan to learn firsthand about its health system. The delega- tion met with leaders to hear about the govern- ment’s partnerships with businesses that have helped the country succeed at its weight-loss plans. Among those agreements that make healthier meals more affordable and create parks that encourage exercise by helping users count calories burned.

To see a video of Tai- wan’s office exercises, visit http://www.bbc.co.uk/ news/health-21557095.

— Charlotte Tucker

PEPFAR has improved millions of lives

The President’s Emer- gency Plan for AIDS Relief, or PEPFAR, has saved and improved millions of lives worldwide and offers proof that HIV/AIDS services can be delivered on a large scale, according to a recent Institute of Medicine Report.

Released Feb. 20, the congressionally mandated report calls for intensifying efforts to help partner countries. Those countries need help to be able to sustain the gains that have been made in controlling the HIV epidemic and improve their citizens’ access to services, accord- ing to the report.

“Our visits to partner countries, we repeatedly heard PEPFAR described as a ‘lifeline,’ ” said Robert Black, MD, MPH, chair of the report’s author- ing committee and chair of the Department of Interna- tional Health at the Johns Hopkins Bloomberg School of Public Health.

“Evaluation of PEPFAR” is available at www.ionm. edu/pepfar2.

Cancer risk rises near Fukushima

A small but elevated cancer risk has been predicted for those closest to Japan’s Fukushima Daichi power plant during the 2011 nuclear disaster.

A comprehensive assessment by international experts on the health risks associated with Fukushima concluded there is no elevated cancer risk for the general, national population. Published as a World Health Organization report, the assessment called for continued monitoring and health screening for those who were closest to the power plant at the time of the series of equipment failures, nuclear meltdowns and releases of radioactive materials.

The assessment found a slightly elevated risk for thyroid cancer, breast cancer and all solid cancer for females exposed as infants to the most radiation and a slightly higher risk of leukemia for males exposed as infants.

“WHO Health Risk Assessment from the Nuclear Accident after the 2011 Great East Japan Earthquake and Tsunami” is online at www.who. int/peh.

New HIV/AIDS option pays off in Malawi

An innovative approach to preventing mother-to- child transmission of HIV has improved the number of HIV-positive mothers in Malawi receiving treatment by 700 percent.

According to a study in the Feb. 28 Morbidity and Mortality Weekly Report, a new treatment option called Option B+ offered all pregnant and breastfeeding women infected with HIV access to lifelong antiretro- viral treatment. Such treat- ment reduces mother-to- child transmission rates to less than 5 percent, according to previous research, maintains a mother’s health and prevents transmission of the virus during future pregnancies.

“This practical and innova- tive program for preg- nant and breastfeeding women has shown great success in Malawi,” said Centers for Disease Control and Prevention Director Thomas Frieden, MD, MPH.

Global laws to reduce road injuries lag

Only one in seven countries has comprehensive laws addressing all five key risk factors for road traffic death and injury, according to a recent World Health Organization report.

The report found just 28 countries covering 7 percent of the world’s population have such laws on drinking and driving, speeding, motorcycle helmet use, seat belts and child restraints. In 2010, there were 1.24 million deaths worldwide from road traffic crashes, roughly the same number as in 2007, according to the report. The report serves as a baseline for the Decade of Action for Road Safety 2011-2020, which was declared by the United Nations General Assembly. The “Global Status Report on Road Safety 2013: Supporting a Decade of Action” is available at www.who.int.
School breakfasts linked to health improvements, academic success

BREAKFAST, Continued from Page 1

a national hunger organization. Also, 3.2 million children would achieve better math scores on standardized tests. “Millions of kids struggle with hunger, but less than half of kids getting a free or reduced-priced lunch are getting a breakfast,” Josh Wachs, chief strategy officer for Share Our Strength and No Kid Hungry, told The Nation’s Health. “To end childhood hunger, we have to make sure kids are connected to the food they need during the school day.”

Improving the reach of school breakfast programs often hinges on moving the morning meal out of the cafeteria, according to recent research. A pilot project conducted by the American Association of School Administrators has found one of the top barriers to schoolchildren eating breakfast is stigma, because one common belief is that only the “poor kids” eat breakfast in the cafeteria. Other barriers are transportation, as some children arrive to school too late for a cafeteria-served breakfast and lack of knowledge about breakfast availability.

The association projects showed that by offering alternative breakfasts, including breakfast in the classroom, vending machines that offer a full, balanced breakfast and grab-and-go carts in school hallways, breakfast reaches far more kids in need.

The Syracuse City School District in New York was one of four school districts to receive funding from the association to try an alternative breakfast program in 52 schools. In the district, where 83 percent of students are eligible for free and reduced-price lunches, only 40 percent were also eating breakfast at school. By offering alternatives, including breakfast via vending machines, participation increased to 54 percent in one year.

The vending machine choices follow federal guidelines for nutrition, and on a typical school morning they include an oatmeal breakfast bar, fruit, milk, cereal or a whole-wheat blueberry muffin.

One key to the program’s success was allowing individual schools to have a voice in the process, said Annette Marshbanks, assistant director of food and nutrition for the Syracuse City School District and leader of the school breakfast team.

“No matter what you do, you have to have the principals’ support, 100 percent,” Marshbanks told The Nation’s Health. “Principals and their team leaders decide what they’re going to do in individual buildings. We have some schools where maybe school starts at 8 o’clock, but because in this particular neighborhood most parents work, they drop their kids at 7 o’clock.”

Another important aspect was communication, Marshbanks said.

“It surprised me how much talking to the parents and getting the parents’ input was important,” she said.

As a working parent who must drop her child off at a sitter’s at 6:30 a.m., Marshbanks said she would love her child to have breakfast in the classroom. Yet other parents were concerned about allergies, for example, or that a meal in the classroom would disrupt instructional time.

All four school districts in the administrators association pilot program used school breakfast teams made up of the superintendent and food service director but also principals, a communications representative, students, parents, custodians and local community experts.

“We saw that by the districts working on an interdisciplinary team, they were able to roll out the program much more smoothly than if this came straight from food service or the superintendent’s office,” Kelly Beckwith, MPH, CHES, project director for child nutrition, hunger and obesity for the American Association of School Administrators, told The Nation’s Health.

Schools in all four of the pilot project districts saw increases in school breakfast participation, with the most dramatic rise occurring in New York’s Brentwood Union Free School District. After implementing an alternative breakfast program in 17 schools, participation in the school breakfast program rose from 17 percent to 42 percent.

Maryland added 30,000 school kids to the breakfast program by offering alternatives to the cafeteria and increased the participation rate from 40 percent to about 56 percent, McCloskey told The Nation’s Health. With support from Maryland Gov. Martin O’Malley, teachers unions, the state department of education, food service directors and area food banks, the goal is to reach 70 percent of eligible kids in the next two years. The move is expected to result in 8,000 more high school graduates due to improved attendance and academic achievement.

“The fact that the political community and the education community and the hunger community have united to make breakfast a priority speaks volumes about what we believe is important for the future of Maryland’s kids,” McCloskey said. “The country, childhood hunger is solvable.”

An August 2012 survey of 1,000 public school teachers found three in five said some students regularly come to school hungry. The most prevalent consequences, the teachers said, were inability to concentrate, poor academic performance and headaches and stomachaches.

“Overall, we have one in five kids in this country who struggle with hunger, yet this is a country of an abundance of food,” said Wachs of No Kid Hungry. “There exist food programs to help kids in need, and we believe that part of the problem is that kids are not accessing that food and those food programs.”

Alternative breakfast programs can succeed via a variety of funding sources, according to advocates who work on the issue, including start-up grants from groups such as No Kid Hungry and the American Association of School Administrators and state initiatives such as Maryland’s Meals for Achievement program. The No Kid Hungry analysis found children who eat school breakfast are 20 percent more likely to graduate from high school, meaning they will earn an average of $10,000 more annually than their peers who do not graduate, and they will be less likely to experience suicide, according to the analysis.

“The simple act of feeding a child breakfast can be a really strong predictor of their future success in life,” Wachs said. “The argument, really, is making sure that kids are fed isn’t just the right thing to do, it’s really the smart thing to do for the future of the country.”


— Donya Currie

Photo by John Moore, courtesy Getty Images

Children enjoy a meal at a school in Woodbourne, N.Y., in September. A No Kid Hungry analysis found children who eat school breakfast are 20 percent more likely to graduate from high school and will be less likely to experience hunger as adults.

The No Kid Hungry campaign highlights the benefits of school breakfast for students. To view or share the full graphic, visit http://bit.ly/BreakfastGraphic.
School-Based Health Care
Advancing Educational Success and Public Health
Edited by Terri D. Wright, MPH, and Jeanita W. Richardson, PhD

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APHA advocates for health classes, violence legislation

ADVOCATES, Continued from Page 2

addition to unexpected public health emergencies,” APHA said in the letter.

The Association urged Congress to provide adequate funding for the Centers for Disease Control and Prevention, Health Resources and Services Administration, Substance Abuse and Mental Health Services Administration and other health agencies. It also urged Congress not to turn its back on gains due to health reform, such as coverage of preventive benefits.

On violence prevention, APHA asked Congress to close the gun-show loophole and work to keep guns away from felons, people with serious mental illness and others prohibited from owning them. It also asked for adequate funding for critical public health services.

APHA encourages anti-violence bills

As it develops legislation aimed at curbing gun violence, Congress should increase funding for research, close the gun-show loophole, strengthen the mental health system and support prevention efforts, APHA said in testimony submitted to Congress Feb. 12.

The testimony, submitted to the Senate Judiciary Subcommittee on the Constitution, Civil Rights and Human Rights, lays out APHA’s top priorities for reducing gun violence.

Expanding data and research related to gun violence is necessary, APHA said, adding that it opposes limits on gun violence research.

APHA: Stop antibiotic overuse on farms

The reauthorization of a law allowing the Food and Drug Administration to collect fees for some animal drug applications should include rules to stop the overuse of antibiotics, APHA said in a Feb. 25 letter.

The letter to leaders of the Senate Health, Education, Labor and Pensions Committee was signed by more than 30 groups representing 11 million supporters, who note that antibiotics are losing their effectiveness in part because they have been misused and overused in animal production.

“More than 147 studies to date…(link) antibiotic use in animals to antibiotic resistance and risks to human health,” the letter said.

It noted that FDA’s response to the problem has been to propose that industry phase out the use of antibiotics in animals, but stronger action is needed. FDA should be tasked with tracking and publicly reporting data that can be used to verify the effectiveness of efforts to curb antibiotic overuse, the letter said.

CMS should collect user language data

The Centers for Medicare and Medicaid Services should collect language data on applications to better serve its users, APHA said in a comment submitted to the agency Feb. 26.

Gathering data on the languages spoken by all Medicaid applicants is important to ensure that the program is not discriminatory and is in compliance with civil rights laws, APHA said.

“Having comprehensive language data is also critical to address health disparities and service planning,” the Association said. “Health insurance marketplaces need to know the languages of applicants so they can ensure provision of appropriate language services.”

For more information, visit www.apha.org/advocacy.

School cafeteria design shown to influence healthy eating habits

I
n 2009, a school designed by public health prove there can be just as much education in a school cafeteria as a classroom.

A team of health professionals and architects collaborated on Healthy Eating Design Guidelines for School Architecture the result of a four-year project to create an interactive, shared dining area between two Dillwyn, Va., schools. The guidelines, published in the Feb. 28 issue of Preventing Chronic Disease, are designed to be used at schools around the country.

In Dillwyn, the new dining area includes a teaching kitchen, which students and staff can use for cooking lessons, new serving areas with healthy snack choices and a school garden. The new space, which opened in the fall, is shared between Buckingham Primary and Elementary schools, said Matthew Trowbridge, MD, MPH, an associate professor and chair of the University of Virginia School of Medicine and team member.

After-school programs have used the teaching kitchen, and a school garden program is in the works, said team member Terry T-K Huang, PhD, MPH, an APHA member and professor and chair of the University of Nebraska Medical Center’s Department of Health Promotion, Social and Behavioral Health.

Huang anticipates more school-based programs to come and his team hopes other school districts will adopt their designs.

“Hopefully what this will do is help bring a culture of understanding and desirability of really valuing the whole journey of food from where it’s grown and how it ends up on a child’s plate,” Huang said.

The guidelines identified 10 domains, or areas, that would define a school dining area, such as the location of the teaching kitchen, and designing it to fit five a bright spot, a hub adjac- cent to the commercial kitchen,” said Dina Sorenson, MArch, of Charlotteville, Va.-based VMO Architects, and a part of the team working on the project. “It’s not one thing but all of those things together that speak to the aspect of fun, that learning is fun. Eating is fun. It’s social. You have nature teaching you. You have kids teaching you. It’s just wonderful, bringing all the small things together.

Trowbridge said the project aligns with USDA guidelines for school lunch released in January 2012. Those include incorporating fat-free or low-fat milk and daily servings of fruits and vegetables.

While a new building is nice, it will be up to the staff to implement lessons around the new space and the team anticipates partnering with staff on nutrition education plans in the future, Trowbridge said.

Trowbridge said the project is meant to reflect the current way of thinking regarding children’s health and development, which means tackling issues such as obesity and environmental responsibility.

For more information, visit www.cdc.gov/pcd. — Natalie McGill

Students eat lunch in the new shared interactive dining area, which opened in the fall between two Dillwyn, Va., schools.
Nutritional supplements: Do your research first

By Natalie McGill

Vitamins are the nutrients in the food you eat every day. Every fruit or vegetable you bite into is filled with vitamins that strengthen your immunity and keep you healthier. But if you choose to skip the orange and get your vitamin C in pill form, known as a supplement, watch out. That supplement may contain more than just the vitamin you need.

Each day, between 150 million and 180 million Americans use supplements, such as multivitamins, says Daniel Fabricant, PhD, director of dietary supplement programs at the U.S. Food and Drug Administration’s Center for Food Safety and Applied Nutrition. You may turn to a supplement in hopes it will help you ward off disease and stay healthy. Consumers are bombarded with ads for common supplements, such as glucosamine, echinacea or St. John’s Wort, but their health promises are not always based on the best science.

Fabricant says supplements do not have to be proven safe or effective before ending up on your supermarket or drugstore shelf. FDA, which regulates food and prescription drugs, does not review supplements before they go on the market, he says. “If consumers hear something or see something that sounds too good to be true, they should probably realize that it is and take appropriate precautions,” he says.

In some health situations, supplements do serve a purpose. Supplements are often recommended for older adults who need more vitamin D for immunity and bone health, vegetarians who need iron or pregnant women who need to consume more folic acid to protect against possible birth defects.

Unfortunately, many Americans are not getting necessary vitamins and minerals such as calcium, vitamin E and potassium, from the foods they eat. But a change in diet is recommended before turning to a supplement.

Rather than getting nutrients from a jar, FDA recommends eating a balanced, nutritious meal, limiting foods with high cholesterol and eating foods filled with a variety of vitamins and minerals.

Talk to your health provider

But what rules should you follow if you do decide to take a supplement? Fabricant says the first thing to do is to tell your health care provider about the supplement and get her or his advice. Always make sure you tell your provider if you have any pre-existing medical conditions or if you are taking any medications. You don’t want to run the risk of supplements reacting badly with prescriptions you are taking.

The National Institutes of Health’s Office of Dietary Supplements says that before buying a supplement, you should ask yourself if the supplement provides any health benefits and how it would help you. You should also examine whether there are risks to taking the supplement, the dosage and how long and often you should be taking the supplement. If you don’t know the answer to any of these questions, you should ask your health provider.

Some supplements contain herbal ingredients that can be harmful. Herbs such as kava can be found in supplements and could damage your liver, according to NIH’s Office of Dietary Supplements. “It could interact differently with other drugs,” Fabricant says. “Some supplements have a very profound physiological effect and some may have more of a pharmacological effect and you have to be cautious of that. I think those are the things people need to be aware of in the marketplace.”

If you have a bad reaction to a supplement, you should alert both your pharmacist and doctor. But don’t stop there. You should also report adverse reactions to the manufacturer and call FDA at 1-800-332-1088.

Finally, there is such a thing as too much of a good thing. It is possible to overdose on vitamins and harm your health, Fabricant says. An overdose of vitamin D, for example, could lead to kidney stones, he says.

Always read supplement labels

Remember to carefully read supplement bottle labels and follow all safety instructions, Fabricant says. Look out for words such as “no side effects” or claims that the supplement can cure or treat disease. These can be red flags that a product is unsafe, FDA says. Medical claims can only legitimately be made for drugs, not dietary supplements.

For more information on supplements, visit www.fda.gov/food/dietarysupplements.