Health officials battling opiate epidemic

Fatal heroin overdoses on the increase as use skyrockets

A THE HEIGHT OF THE prescription drug abuse epidemic in rural Scioto County in south-central Ohio, so-called pill mills were pumping out enough pain pills to provide every single county resident — nearly 80,000 people — with 123 pills every year.

The problem was so bad that in 2010, county officials declared a public health emergency and went into incident command mode.

“It was awful,” said Lisa Roberts, RN, public health nurse at the Portsmouth City Health Department in Scioto County. “The place was just crop-dusted with opium...(Pain pills) became a form of commerce here. Pretty much everyone I knew had an addicted kid. It became completely mainstream.”

Today, thanks to state-

See HEROIN, Page 10

Programs face cuts

2015 budget proposal leaves gaps in public health funding

RESIDENT

Barack Obama’s proposed budget for fiscal year 2015 makes a number of investments in public health, but also cuts millions of dollars from critical health agencies.

The president’s $77 billion budget proposal for discretionary programs in the U.S. Department of Health and Human Services is $1.3 billion less than the enacted budget for fiscal year 2014. The proposal, released March 4, invests in community health centers and global health security, but also includes cuts to programs that build the workforce pipeline — particularly in rural and disadvantaged areas.

“While there are a few bright spots, overall fund-

See 2015 BUDGET, Page 16

Vegetable consumption up 16 percent

Schools making progress on new US nutrition standards

IN THE CAFETERIAS of the Boulder Valley School District, chicken nuggets, tater tots and flavored milk are no longer standard fare. In fact, they have been completely scrapped from the menu.

Instead, students in the Colorado school district get to choose among items such as chicken potstickers, green chile and cheese tamales, organic pork ribs, sweet potato chips, veggie burgers, sweet and sour tofu and unlimited servings from the salad bar.

In the district’s elementary and middle schools, a carte menu has been eliminated, with the exception of juice and soy milk.

“As far as I’m concerned, we’re in the business of feeding kids real, whole meals,” said Ann Cooper, CEC, director of food services for the Boulder Valley School District, which serves about 11,000 meals per day. “Food literacy needs to be seen in schools as just as important as academics.”

The menu changes in Boulder Valley began about five years ago, a few years before the U.S. Department of Agriculture issued its new nutrition standards for school meals. The jumpstart meant the school district was ahead of the game when it came to the workforce training, infrastructure and equipment changes necessary to meet the new standards. But the real game-changer was engaging students in the healthy transition. To do that, Cooper and her colleagues organized hundreds of events each school year, from taste testing to cooking competitions. And the efforts have paid off: Student participation in the school meal program is up 7 percent from last year, Cooper told The Nation’s Health.

“If you’re expecting kids in high school who spent 10 years thinking that chicken nuggets is a food group to all of a sudden embrace salad bars...it won’t happen without education and time,” she said.

“We didn’t get to be a society of obese children overnight and we won’t turn it around overnight.”

Thanks to the new federal school meal nutrition standards, Boulder Valley is no longer the exception to the rule. With the start of the 2013-2014 school year...
Dump tobacco, APHA tells health retailers

APHA joined a coalition of other health groups in a Feb. 26 letter to urge retailers to stop selling tobacco products. The letter praised CVS Caremark’s February decision to halt tobacco sales and said other retailers — especially those with pharmacies — should do the same.

“CVS is absolutely right: The sale of tobacco products — the No. 1 cause of preventable death and disease — is fundamentally inconsistent with a commitment to improving health,” the letter said.

Co-signers of the letter included the American Academy of Pediatrics and the Campaign for Tobacco-Free Kids.

APHA also created a petition this winter calling on pharmacies and health-related retailers to cease tobacco sales. As of early April, the petition had attained about 10,000 signatures.

In another tobacco-related news, APHA and a number of other health groups also asked the Department of Health and Human Services to clarify the tobacco cessation benefit requirements in the Affordable Care Act.

In a Feb. 19 letter to HHS Secretary Kathleen Sebelius, the groups said that many health plans developed under the Affordable Care Act’s regulations do not cover tobacco cessation. It cited a 2012 study by Georgetown University researchers that found that only four of the 39 private plans analyzed covered a full range of evidence-based tobacco cessation services.

The letter asked HHS to make it clear that comprehensive tobacco cessation should be covered.

“APHA supports new EPA emissions rules

Stronger standards for vehicle emissions will help millions of Americans breathe easier, APHA said in a Feb. 24 letter urging President Barack Obama to direct the U.S. Environmental Protection Agency to adopt the standards.

Among other things, the standards lower the amount of sulfur that can be present in gasoline beginning in 2017. They will reduce tailpipe emissions from passenger cars, light-duty trucks and some heavy-duty vehicles, according to EPA.

“Not only does the nation need these reductions in ozone and particulate matter to protect public health, lower sulfur gasoline and vehicle emissions standards are one of the most cost-effective paths to cleaner air,” said the letter, which was initiated by the American Lung Association and signed by seven other groups.

EPA finalized the standards on March 3.

Solitary confinement dangerous, APHA says

Solitary confinement in prisons should be severely curtailed and should not be applied to juveniles or people with serious mental illness, APHA said in comments to the Senate Judiciary Subcommittee on the Constitution, Civil Rights and Human Rights Feb. 20.

“Housing of prisoners in conditions that maximize social isolation and sensory deprivation creates barriers to providing necessary health care and can cause the health of prisoners to deteriorate,” APHA said in the comments.

The Association suggested that Congress enact legislation eliminating solitary confinement as a means of punishment or managing security. People isolated for clinical or therapeutic reasons should be overseen by a licensed health care professional, the comments said.

APHA to FDA: Share antibiotics details

The Food and Drug Administration should provide regular updates about participation in a new program to reduce antimicrobial resistance in food animals, APHA and two dozen other groups said in a March 11 letter to FDA Commissioner Margaret Hamburg.

In December, animal drug companies were given three months to decide whether to participate in the voluntary program, which would include new product labels outlining the best uses for the products given to food animals in order to reduce antimicrobial resistance. The use of antibiotics in food animals is one contributor to growing antibiotic resistance in humans.

On March 26, FDA said that it had received strong commitment from industry for the program, with 25 of 26 affected companies confirming participation. The 25 companies hold 99.6 percent of all applications affected by the program, FDA said.

APHA also submitted comments March 12 to FDA on a proposed rule that would change regulations on veterinarians’ oversight of the use of certain drugs in animal feed. The rule seeks to make the system more efficient, but APHA and other groups involved in the letter caution that it might create loopholes.

“We are concerned that several of the proposed changes remove or compromise important public health protections in the existing rule, sometimes without demonstrated benefit,” the comments said.

The comments asked FDA to require that veterinarians have a relationship with farms before they prescribe drugs, so that they can visit the premises and determine whether the drugs are necessary. They also requested stricter record-keeping requirements and record submissions, among other suggestions.

Both the letter and comments were initiated by the Pew Charitable Trusts.

Bill would limit e-cigarette marketing

APHA voiced its support March 14 for a bill that would prohibit the marketing of electronic cigarettes to children. The Protecting Children from Electronic Cigarette Advertising Act of 2014, S. 2047, would keep electronic cigarette manufacturers from using the same methods to induce children to smoke that cigarette companies used for years, APHA said in a letter to bill sponsor Sen. Barbara Boxer, D-Calif.

A recent study found that kids who smoke e-cigarettes are more likely to smoke traditional cigarettes as well.

“Smoking an e-cigarette introduces youth to a behavior that is very similar to smoking, a behavior that continues to be the leading cause of preventable death in the United States, accounting for 480,000 deaths every year,” the letter said.

— Charlotte Tucker

Take action on public health issues by sending comments to your elected officials. Visit www.apha.org/advocacy.
VITAL SIGNS

Perspectives of the president of APHA

Strengthening public health practice through professional development

One of the key goals of APHA’s revised strategic plan is to strengthen public health practice. To support this goal, APHA operates the Center for Professional Development, Public Health Systems and Partnerships, which provides services to enhance competence and skills in public health practice, including continuing education. APHA’s state and regional affiliated public health associations also provide professional development opportunities through webinars, annual meetings and academic partnerships.

Public health agencies share a responsibility for workforce development. Agencies seeking accreditation must “ensure a competent workforce through the assessment of staff competencies, the provision of individual training and professional development and the provision of a supportive work environment,” according to a standard of the Public Health Accreditation Board, the board that accredits state and local health departments.

I’m encouraged that so many health agencies are moving toward this standard, but many agencies lack the capacity to address these needs, often due to a shortage in funding for training and conferences. When dollars are tight, employers must still provide a supportive work environment where employees are given time and opportunities to develop new and competencies relevant to their current responsibilities. But what about your own career development?

Ultimately, you are responsible for your own career plan. You will need to embrace lifelong learning to ensure that your skills and knowledge keep you on top of your game. Sometimes, the challenge is not what to do, but how to fit it into an already busy work schedule. I recently asked Brian Bennion, MPA, director of Utah’s Water-Morgan Health Department, how he moved up through the ranks of the environmental health program to become head of a large health department.

“It took me awhile to develop a plan to set aside time for my personal learning needs because I was always too focused on the job at hand,” he told me. “As my career progressed, I found that setting aside even 15-20 minutes twice a week provided an opportunity for me to reflect on my priorities, or to catch up on professional reading. Having a plan and establishing habits for continued learning pays off in big dividends.”

Bennion, a past president of the Utah Public Health Association, is now heading his department through accreditation.

As you create a plan to acquire new knowledge and skills to remain competent in your field, you should also think in terms of “sharpening the saw.” In his book, “The 7 Habits of Highly Effective People,” Stephen Covey, MBA, said that means “preserving and enhancing the greatest asset you have — you. It means having a balanced program for self-renewal in the four areas of your life: physical, social-emotional, mental and spiritual.

Your membership in APHA and your Affiliate provides you with the opportunity to establish a strong network of like-minded colleagues who can help provide you with support and encouragement across the span of your career.

Joyce Gaufin

president@apha.org

Registration, housing for New Orleans event to open June 3

Start planning now for APHA’s Annual Meeting

APHA Executive Director Georges Benjamin, MD, “We’ll discuss events and public health issues with those who have been at the forefront over the years.”

The Monday general session comes at an important time for public health. This year marked the 50th anniversary of the original surgeon general’s report on smoking, which served as a turning point for smoking and health in America. And, of course, 2014 is the year that many important provisions of the Affordable Care Act go into effect, bringing health insurance to millions of Americans who lacked coverage.

“We’re at a turning point in America, and hearing from the years of experience of these surgeons general will help us in public health understand where we came from and imagine where we can go next,” Benjamin said.

The Annual Meeting in 2014 also marks APHA’s return to New Orleans. In 2005, the Association was preparing to convene there when Hurricane Katrina occurred and the city was unable to accommodate the meeting. The Annual Meeting was moved to Philadelphia, but APHA vowed to return to New Orleans once the city had time to recover.

New Orleans officials are making plans for APHA’s return to “one of the most culturally rich, authentic, inspiring cities in the world,” said Stephen Perry, PA, president and CEO of the New Orleans Convention and Visitors Bureau.

“The chefs have the gumbo pots on the stove, the jazz bands are tuning their instruments, and the entire city of New Orleans is looking forward to your arrival,” Perry said.

Convention officials have created a virtual site for APHA Annual Meeting attendees with tips on the city at www.neworleans cvb.com/apha.

This year will mark the seventh APHA Annual Meeting to be held in New Orleans. The last meeting held there was in 1987. The five-day meeting will officially kick off with Sunday’s opening session, but attendees may find that they want to arrive in New Orleans early. If they do, they will be able to take advantage of full- and half-day APHA Learning Institutes on Saturday and Sunday. Participants will be able to earn continuing education credits for attending Learning Institutes on public health topics. Meeting-goers can also earn continuing education credits by attending and evaluating scientific sessions at the meeting.

Attendees who register for the meeting by Aug. 28 can save as much as $115.

For more information on APHA’s 142nd Annual Meeting and Exposition in New Orleans, including early-bird registration rates and program highlights, visit www.apha.org/meetings. For questions, email annualmeeting@apha.org.

— Charlotte Tucker

Registration, housing for New Orleans event to open June 3

Start planning now for APHA’s Annual Meeting
WHO’S LEADING THE LEADING HEALTH INDICATORS?

www.healthypeople.gov
APHA IN BRIEF

Proposed policies available online

APHA members have proposed almost two dozen new policy statements for the Association. The 23 proposed policy statements address issues such as adopting health literacy standards within health departments, strengthening youth sexuality education and protecting workers from diesel engine exhaust. They also address timely public health topics such as marijuana decriminalization and electronic cigarettes.

APHA announced its year-long policy statement process in the fall, and members had until Feb. 19 to submit their proposals. Since then, the submissions have been reviewed by APHA’s Joint Policy Committee and Science Board, and members have submitted their comments.

Updated versions of the proposals, which are making their way through the APHA policy process, will be posted to the APHA website in 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. 16 during public hearings at APHA’s 142nd Annual Meeting and Exposition in New Orleans. 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 Nov. 5.

The Governing Council is scheduled to vote on the proposed policy statements at its Nov. 18 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.

APHA providing free CE for HHS webinars

APHA is providing free continuing education credits in conjunction with a webinar series offered by the U.S. Department of Health and Human Services.

HHS’ Healthy People 2020 program is hosting webinars that focus on the Leading Health Indicators, a set of 26 objectives that are considered to be priorities for improving the nation’s health. The indicators address a range of health topics, including obesity, suicide, fatal injuries and vegetable intake.

APHA began providing the free continuing education credits in March in conjunction with a Leading Health Indicators webinar on reproductive and sexual health. The webinar discussed the importance of reproductive and sexual health, as well as data and resources for addressing the topic in communities.

To obtain continuing education credits through the series, registered participants must attend a webinar and complete an evaluation online. Participants are emailed a link to the evaluation system after the webinar is over.

Upcoming webinars in the “Who’s Leading the Leading Health Indicators?” series are scheduled for May 22 on clinical preventive services, July 24 on substance abuse, Sept. 18 on environmental quality, Oct. 23 on tobacco and Nov. 20 on injury and violence.

For more information on the free Leading Health Indicators webinars, visit www.healthypeople.gov/2020/learn/webinars.aspx. For more information on obtaining continuing education credits for the webinars, email annette.ferbee@apha.org.

— Michele Late

“APHA is providing free CE for HHS webinars”

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The NATION

Health news at the national and federal levels

New standards from EPA will have helped avoid up to 2,000 premature deaths per year by 2030, according to the agency.

EPA issues new, healthier vehicle emissions standards

The U.S. Environmental Protection Agency has finalized emission standards for cars and gasoline that the agency estimates will reduce harmful pollution and prevent thousands of premature deaths and illnesses.

In early March, EPA announced that by 2030 the standards will have helped avoid up to 2,000 premature deaths per year, 50,000 cases of respiratory ailments among children, and 2,200 hospital admissions and asthma-related emergency room visits. The standards were designed to cut soot, smog and toxic emissions from cars and trucks and are predicted to result in an average fuel savings of more than $8,000 by 2025 over a vehicle’s lifetime. The final standards will be implemented over the same time period as the next phase of EPA’s efforts to reduce greenhouse gas emissions from cars and light trucks beginning in model year 2017.

“These standards are a win for public health, a win for our environment and a win for our pocketbooks,” said EPA Administrator Gina McCarthy. “By working with the auto industry, health groups and other stakeholders, we’re continuing to build on the Obama administration’s broader clean fuels and vehicles efforts that cut carbon pollution, clean the air we breathe and save families money at the pump.”

The new standards cut emissions of a range of pollutants harmful to human health, including reducing allowable amounts for smog-forming volatile organic compounds and nitrogen oxides by 80 percent and significantly tightening up standards for particulate matter. The emissions standards will also lower toxic air pollutants, such as reducing benzene emissions by up to 30 percent, EPA reported. By 2018, the agency estimates the emissions standards will have resulted in the prevention of between 225 and 610 premature deaths, and reduced ambient concentrations of ozone and nitrogen oxide emissions by about 260,000 tons.

“Cars today emit toxic air pollution that has made the air unhealthy to breathe for millions of Americans,” said APHA Executive Director Georges Benjamin, MD, in an Association news release. “These new standards, with support from the auto industry and public health advocates, will reduce harmful emissions and help us avoid premature deaths and respiratory ailments, especially among our most vulnerable, including lower-income communities, the elderly and our children.”

For more information, visit www.epa.gov.

—— Kim Krisberg

Diet’s role in chronic disease prominent

Redesigned Nutrition Facts label makes healthy choices clearer

Proposed revisions to the ubiquitous and often confusing nutrition label may make it easier for Americans to understand just how much is too much.

Released in late February, proposed changes to the Nutrition Facts label for packaged foods reflect the latest nutrition science, including the link between diet and chronic disease such as heart disease and obesity, according to the U.S. Food and Drug Administration. Among the biggest proposed changes are the inclusion of added sugars and vitamin D. They are incorporated into foods and beverages during processing and preparation, and a revision of serving sizes to better reflect how people currently eat. The FDA-proposed revisions are the first major update since the Nutrition Facts label, which appears on about 700,000 products, was developed two decades ago.

“Our guiding principle here is very simple: that you as a parent and a consumer should be able to walk into your local grocery store, pick up an item off the shelf and be able to tell whether it’s good for your family,” said first lady Michelle Obama. “So this is a big deal, and it’s going to make a big difference for families all across this country.”

To promote a better understanding of nutrition science, the new label would include added sugar amounts, offer updated daily values for nutrients and require manufacturers to list potassium and vitamin D amounts, as they are the new “nutrients of public health significance,” according to FDA. Also, the new serving size information will be based on how people actually eat, instead of on how they should eat. FDA is proposing that some food products previously labeled as more than one serving be labeled as a single serving since people typically eat the entire item in one sitting.

For example, a 20-ounce can of soda would offer nutrition information based on the assumption that the entire product is one serving. For other food items that could be eaten in one sitting or multiple sittings, such as a 24-ounce can of soda or a pint of ice cream, FDA would require dual labeling that lists per serving and per package numbers.

While the design of the new label will look mostly the same, FDA is proposing some slight changes and additions. The calorie information would be in bigger and bolder type, and “amount per serving” would be switched to a measurement more commonly understood, such as “amount per 1 cup.”

It’s important to note that no matter what the final version looks like, the new label will allow you to immediately spot the calorie count because it will be in large font and not buried in the fine print,” said Obama, who leads Let’s Move!, a federal campaign aimed at reducing the childhood obesity epidemic. “You’ll also learn more about where the sugar in the food comes from — like whether the sugar in your yogurt was added during processing or whether it comes from ingredients like fruits.”

Many public health and health organizations applauded the FDA revisions, but some had additional suggestions. For example, the American Heart Association and Center for Science in the Public Interest noted that even though FDA lowered the daily value for sodium from 2,400 milligrams to 2,300 milligrams, the label should go further and recommend a daily limit of 1,500 milligrams. The Center for Science in the Public Interest also urged FDA to define a daily limit for added sugars, recommending the agency advise people to consume no more than six teaspoons daily, which is far less than the 23 teaspoons the average American eats on a daily basis.

“Nutrition Facts labels have helped millions of Americans select healthier diets and have spurred food companies to compete more on the basis of nutrition,” said APHA member Michael Jacobson, PhD, executive director of the Center for Science in the Public Interest. “But industry practices and understanding about nutrition have changed since the labels first appeared on packages 20 years ago. While it is off to a strong start, the agency must do more to ensure that these labels communicate better advice on sugar and salt.”

For more information on the label changes, visit www.fda.gov.

—— Kim Krisberg

POSSIBLE TREATMENT

Cayenne pepper

The American Journal of Medicine has published research that shows that cinnamon, a common spice, is effective in lowering blood pressure in patients with diabetes. Other studies have found that cayenne pepper can help improve blood flow and reduce inflammation.

While these findings are promising, more research is needed to determine the safety and efficacy of using cayenne pepper as a treatment for high blood pressure.

Nutrition News

The FDA has released new proposed nutrition labels that include information on added sugars, potassium and vitamin D. The new labels will also make it easier to compare the nutritional value of different foods.

For more information, visit www.fda.gov.

—— Kim Krisberg
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**NATION IN BRIEF**

**Obesity down among young US children**

Obesity prevalence among children ages 2 years old to 5 years old dropped by 43 percent between 2003-2004 and 2011-2012, according to new data from the Centers for Disease Control and Prevention.

Published in February in the Journal of the American Medical Association, the encouraging data found that obesity prevalence within the age group dropped from 14 percent to just more than 8 percent.

“We continue to see signs that, for some children in this country, the scales are tipping,” said CDC Director Tom Frieden, MD, MPH. “This report comes on the heels of previous CDC data that found a significant decline in obesity prevalence among low-income children aged 2 to 4 years participating in federal nutrition programs...This confirms that at least for kids, we can turn the tide and begin to reverse the obesity epidemic.”

However, obesity remains a significant problem in the U.S., the study said. The researchers also found that about one-third of adults and 17 percent of children and teens were obese in 2011-2012.

Overall, the study found no significant changes in obesity prevalence among youth or adults between 2003-2004 and 2011-2012.

**New guide targets high C-section rates**

With a 60 percent increase in the number of U.S. women giving birth via cesarean section since 1996, new recommendations are aimed at decreasing the number of unnecessary C-sections.

Jointly issued by the American College of Obstetricians and Gynecologists and the Society for Maternal-Fetal Medicine and published in Obstetrics & Gynecology, the new Obstetric Care Consensus guideline calls for allowing most women with low-risk pregnancies to spend more time in the first stage of labor. The guidelines also recommend allowing women to push for longer periods of time, encouraging patients to avoid excessive weight gain during pregnancy and using techniques to assist with vaginal delivery, such as forceps.

“Evidence shows that labor actually progresses slower than we thought in the past, so many women might just need a little more time to labor and deliver vaginally instead of moving to a cesarean delivery,” said Aaron Caughey, MD, PhD, MPH, MPP, a member of the college’s Committee on Obstetric Practice.

**DOD mental health work needs evidence**

The Department of Defense should develop, track and evaluate psychological health programs for military members and their families based on scientific evidence, according to a new report from the Institute of Medicine. From 2000 to 2011, more than 936,000 current or former service members were diagnosed with a psychological condition, such as adjustment disorders, anxiety disorders, depression and substance abuse. The IOM report found that while DOD has adopted several programs to address such issues, gaps exist in evidence supporting their effectiveness. For example, the report was unable to identify any evidence-based program to prevent domestic violence across DOD activities. Also, certain strategies that have been shown as effective are underused, such as restricting access to personal firearms to prevent suicide, according to the report, which was sponsored by DOD.

“Increasing rates of mental health problems among service members and the related psychological toll on families point to an urgent need to prevent and mitigate these conditions,” said APHA member Kenneth Warner, PhD, chair of the report’s authoring committee and a professor of public health at the University of Michigan. “DOD should rigorously evaluate any new programs that are developed to do so because we remain uncertain about which approaches work and which ones are ineffective.”

For a copy of “Preventing Psychological Disorders in Service Members and Their Families: An Assessment of Programs,” visit www.iom.edu.

**Pesticide rules issued for farmworkers**

In February, the U.S. Environmental Protection Agency issued proposed changes to better protect the nation’s agricultural workers from pesticide exposure.

Among the proposed changes, which would revise the federal Agricultural Worker Protection Standard, EPA would require that mandatory trainings to inform farmworkers about their health and safety rights take place annually instead of once every five years. For the first time, the proposed changes would prohibit children younger than 16 years old from handling pesticides, with an exemption for family farms. EPA’s proposal would also ensure that farmworkers or their advocates have access to information specific to pesticide application, such as the pesticide label and safety data sheets.

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**Flu cases put young adults in hospital**

Younger and middle-aged adults were hit particularly hard this flu season, according to data published in the Feb. 21 issue of Morbidity and Mortality Weekly Report.

During the current flu season, people ages 18 years old to 64 years old represented 61 percent of all hospitalizations due to flu. During the three previous flu seasons, the same age group represented only about 35 percent of all such hospitalizations. In addition, more flu-related deaths occurred among the age group than in past flu seasons.

“Flu hospitalizations and deaths in younger and middle-aged adults is a sad and difficult reminder that flu can be serious for anyone, not just the very young and old, and that everyone should be vaccinated,” said Centers for Disease Control and Prevention Director Tom Frieden, MD, MPH. “The good news is that this season’s vaccine is doing its job, protecting people across all age groups.”

People ages 65 years old and older still experienced the highest flu-related hospitalization rate, followed by people ages 50 years old to 64 years old and children up to 4 years old.

For more information on the study, visit www.cdc.gov/mmwr.

— Kim Krisberg
HERION, another opioid: heroin.

Roberts said that even though state and local efforts to restrict the flow of prescription opioids may have steered some people toward heroin, the natural progression of addiction also plays a role.

As someone uses prescription drugs more and more regularly, the propensity to try other forms of opioids goes up," Compton said. "In many ways they're not two separate epidemics — it's just one opiate epidemic.

There is no data to suggest that gains made in restricting easy access to prescription painkillers are being voided by a switch to heroin, said Len Paulozzi, MD, MPH, medical epidemiologist in the Division of Unintentional Injury Prevention at the Centers for Disease Control and Prevention's National Center for Injury Prevention and Control.

"We can't say that the prescription problem is being replaced by heroin," Paulozzi said. "The safest assumption is that we have a new problem on top of the old problem."

In tackling the opioid abuse problem, both Paulozzi and Compton said health officials have to look upstream. In particular, Compton said prevention strategies need to take a long-term approach, such as reducing the kinds of early childhood trauma that often lead to risky behaviors in adulthood. But often the most immediate need — beyond prevention and treatment — is helping those addicted to opioids prevent a fatal overdose.

Naloxone access gaining momentum

Across the country, law enforcement and first responders are widening access to naloxone, a prescription drug that can be injected or given nasally to reverse an opioid overdose. Medical first responders have traditionally administered naloxone, which is nonaddictive and only has an effect if a person has opioids in her or his system. However, people with little or no training can easily administer the life-saving drug as well. APHA adopted a policy statement in 2013 in support of widespread access to naloxone.

As of this year, policy makers in 17 states and Washington, D.C., had amended laws to make it easier to prescribe and dispense naloxone, according to the Network for Public Health Law. The legal changes are in line with emerging science on the topic as well. For example, a study published in January in the British Medical Journal examined naloxone distribution and training programs in Massachusetts found that such programs are associated with a decrease in opioid overdose deaths.

"If a person dies of an overdose, they never get the chance to go to recovery," said Mike Leyden, MPH, NREMTP, who oversees the Vermont Department of Health's Naloxone Opioid Overdose Prevention Pilot Program and serves as deputy director of Emergency Medical Services.

Last year, in response to a rise in heroin-related overdose deaths, Vermont leaders amended the law to allow health care professionals to dispense and prescribe naloxone to people at risk of overdose as well as to family and friends of those at risk. Today, the pilot program is partnering with needle exchange programs in Burlington and White River Junction to distribute naloxone rescue kits, which include two doses of naloxone as well as instructions on how to administer the drug nasally. As of late March, Leyden said, the two pilot sites had distributed more than 200 rescue kits. In addition to educating community members, health officials are also providing naloxone training to Vermont State Police, who have agreed to carry the drug and are often the first to respond to an emergency overdose call.

To the south in Baltimore, which has a long history of heroin abuse problems, the Staying Alive Drug Overdose Prevention and Response Program has been training people at risk of an opioid overdose to use naloxone since 2004. According to Chris Serio-Chapman, program director for community risk reduction services at the Baltimore City Health Department, the Staying Alive Program has trained more than 3,000 people and documented more than 225 overdose reversals.

When the program first began, naloxone was only distributed to people in "drug-using pairs." But last year, state legislation passed allowing physicians to prescribe naloxone to friends and family of those at risk of overdose. In turn, Serio-Chapman said, the Staying Alive program will soon begin training programs throughout east and west Baltimore.

In 2013, the Maryland Department of Health and Mental Hygiene reported a 54 percent rise in heroin-related overdose deaths between 2011 and 2012. "I've met so many people (addicted to heroin) who you'd never dream would get hooked on this stuff," Serio-Chapman said.

Back in Ohio, where two-thirds of fatal drug overdoses involve an opioid, Project Deaths Avoided With Naloxone, better known as Project DAWN, began in 2012 to distribute naloxone rescue kits. With training and distribution sites in Portsmouth and Cleveland, the project was initially restricted to people at risk of overdose. But as of March, state legislation expanded naloxone access to friends and family members as well as first responders such as fire and police. So far, Roberts reported, the project has documented 23 overdose reversals.

"This truly is a public health problem and we are the solution," Roberts said. "You've got the treatment side, law enforcement, the drug courts...and public health has the ability to bring all those people together to work as a unified force."

For more information on naloxone and the rise in heroin use, visit www.drugabuse.gov/drugs-abuse/heroin.

— Kim Krisberg

Editor's note: This article was corrected post-publication.
Q&A: APHA’s Georges Benjamin discusses Leading Health Indicators with HHS leader Howard Koh

Healthy People 2020, a comprehensive federal roadmap of health benchmarks, puts Americans on a path to better health and wellness. The plan includes a set of 26 priority objectives known as the Leading Health Indicators. The U.S. Department of Health and Human Services began work in 2010 on the most recent set of Leading Health Indicators, which span 12 topic areas such as oral health, substance abuse and access to health services.

Howard Koh, MD, MPH, assistant secretary for health at HHS, sat down with APHA Executive Director Georges Benjamin, MD, in March to talk about the Leading Health Indicators and how communities can use them to improve health.

Benjamin: The Leading Health Indicators are a part of Healthy People 2020. There are many people who don’t know what they are. Could you tell us a little bit about them?

Koh: We’re very proud of Healthy People 2020. I’d like to say we need a 20/20 vision for a healthier future. We’ve had Healthy People for the last number of decades, putting out a vision for a healthier country and putting out goals and targets that are very comprehensive. Right now, Healthy People has some 42 topic areas and over 1,200 objectives, so it’s very, very comprehensive.

And people wanted a more focused area of high priority topics that could really make a difference for the public’s health. Starting in 2010 we started putting out the Leading Health Indicators — these are high-priority areas. And if we act aggressively as a nation in those areas, we can really make a difference, so that’s what the Leading Health Indicators are all about. We’re very proud of how it’s motivated action all around the country.

Benjamin: Trying to focus on just these 12 (topic areas) is important. Can you tell us a little bit more about them, specifically? I know that one, for example, is access to care.

Koh: Access to health care is important in the era of health reform. We’re living history through the Affordable Care Act and we’re trying to enroll millions of previously uninsured people. We’re stressing clinical preventive services. Of course, we have some traditional areas like tobacco and obesity that we’ve been tracking for a long time.

And then a new theme for the Leading Health Indicators is the social determinants of health and that’s really the future of public health action. I’d like to say that health is much more than what happens to you in a doctor’s office, it’s where people live, labor, learn, play and pray.

If you want to keep people healthier, you need — in addition to good direct care — healthy homes, healthy workplaces, healthy schools, good recreational areas. So we need that broad health in all policies approach, and that’s what we’re trying to promote with the Leading Health Indicators as well.

Benjamin: I remember when you came to APHA in 2011 and you released (the indicators) at our Annual Meeting. So let’s talk about some more examples of how one can use those Leading Health Indicators.

Koh: What we’re very proud of is the indicators give these high-priority areas a special focus that can be used at a national level to look at the data and then to align efforts and drive action. But we’re also very proud that we can use it at the state level and most importantly at the local level. States like Wisconsin have set up healthiest people 2020 efforts. We’re very proud of that. And we have a new webinar series called “Who’s Leading the Leading Health Indicators?” where we try to feature community heroes, people who have embraced the Leading Health Indicators and really made Healthy People intervention come alive. So we’re very proud of that.

Benjamin: Let’s talk about these webinars. Do they cost anything?

Koh: Webinars are free. We have them on a regular basis. We have well over 1,000 people each month on those webinars and it really crosses throughout the country in terms of its broad appeal and interest. We try to go through each topic area at a time. We also have a monthly bulletin that reaches over 30,000 people a month, so in these ways we try to keep Healthy People alive and vibrant and really aligning the action from coast to coast.

Benjamin: You can go to the HHS website, I assume, and find all this information?

Koh: We’ve now moved very aggressively onto the Web. HealthyPeople.gov is a very vibrant, interactive website. You can get data that’s relevant to your area of interest and oftentimes at the state level and local level as well. We have e-learning courses. We have summaries of effective evidence-based effective interventions on the community level that make social determinants approaches come alive. So this is a really vibrant tool, and one that really captures the whole public health community.

Benjamin: Any final information to share about the indicators?

Koh: We’re very proud that this is really a community-driven, a stakeholder-driven process. We at the federal level help coordinate this, and I really want to thank our leaders in the (HHS) Office of Disease Prevention and Health Promotion who have coordinated this for a long, long time. We also have a federal interagency work group that has worked long and hard on developing these objectives and tracking them. We’ve had an advisory committee weigh in, so we’ve had multiple experts forging these indicators and tracking progress. But we, again, view the action coming from the local level. So we have Leading Health Indicator and Healthy People coordinators at the local level. We often have them in the state health departments working with us. That’s important to me as a former state health official. We have this throughout society and coast-to-coast, federal, state and local levels and, most important of all, based in the community.

For more information about the Leading Health Indicators, visit www.healthypeople.gov/2020/learn/summaries. For the webinar series, visit www.healthypeople.gov/2020/learn/webinarsArchive.aspx. APHA is providing free continuing education credit for the webinars.

Watch a video of Benjamin and Koh’s conversation May 1 on The Nation’s Health website: www.thenationshealth.org

Download at www.thenationshealth.org

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Benjamin, left, discusses the Leading Health Indicators with Koh. A video of the interview is on The Nation’s Health website.
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New York City program tracking environmental health hazards

New York City’s restaurant inspection rating system, in which letter grades are displayed in the windows of businesses showing how well they comply with food hygiene practices, is well known in the city. But what residents may not know is that the system is supported by a lesser-known but equally important effort: the New York City Environmental Public Health Tracking Program.

Led by the city’s Department of Health and Mental Hygiene, the tracking program is a coordinated effort to collect and analyze data from programs within the city’s health department and multiple city and state agencies. The program tracks data on topics such as air, water and housing quality as well as pests.

In the case of the restaurant rating system, the tracking program analyzed inspection data from about 24,000 city restaurants. Thanks to the tracking program, researchers have been able to document “great improvements” in restaurant hygiene since the 2010 launch of the system, according to Wendy McKelvey, PhD, MS, director of environmental health surveillance.

“Right now, we’re seeing about 83 percent of restaurants posting ‘A’ grades, compared to 65 percent as of the start of 2011,” McKelvey told The Nation’s Health.

The tracking program does more than just collect and analyze data, however: It makes it publicly available. Data from the program is accessible online to the general public, policymakers, researchers and other interested users.

City residents can track neighborhood-level environmental issues through the program’s tracking portal. Portal users can find general environmental health and housing and health reports for their own neighborhoods. The site lists statistics on health issues such as childhood lead poisoning and pesticide use.

“What’s nice about that format we think it is a usable way whether they’re working in a group setting they can look and see what’s going on in the neighborhood level and see how they’re comparing to other neighborhoods and if they identify issues they want to work on and improve,” McKelvey said.

Portal users can also explore individual environmental health indicators at the city, borough and neighborhood level.

“The initiative is part of the National Environmental Public Health Tracking Network, a Centers for Disease Control and Prevention-led program that tracks data nationwide on environmental hazards, exposures to harmful chemicals and health conditions,” McKelvey said.

That investment has paid off on multiple occasions. For example, when biomonitoring — the process of tracking how many people are exposed to a harmful chemical — was added to the city’s annual health and nutrition survey, it found high levels of urine mercury in Dominican women and other women of color. The exposure was linked to skin lightening creams sold in both communities in neighborhoods where such populations are higher, McKelvey said. The city health department followed up with an embargo of the products as well as a public health education campaign.

“That’s one of the very important things about the tracking program,” said Thomas Matte, MD, MPH, an assistant commissioner within the department’s Bureau of Environmental Surveillance and Policy.

“There’s a national dimension to it. We learn from the other programs. We all learn from each other. There’s a community of practice that’s dynamic and engaged. But at the same time we also have our own local issues that are unique to a particular jurisdiction.”

The New York City program consists of staff who learn to conditionalyze, display and disseminate information; an information infrastructure that houses the data; and established relationships with partner groups. That allows them to provide the data they need, Matte said.

“It’s bread and butter public health surveillance, but a focus on environment and environment-related health conditions,” Matte told The Nation’s Health.


— Natalie McGill

States in Brief

Kentucky challenge aims at healthy eating

Kids throughout northeastern Kentucky are being challenged to eat healthier, thanks to a campaign from a local health department. In March, the Northern Kentucky Independent District Health Department launched Place Men’s Healthy Challenge in conjunction with National Nutrition Month. Thirty-five schools are participating in the challenge, which uses a character covered in produce as its mascot.

During the week-long challenge, students and teachers will track their progress in reaching the goals of eating more fruits and vegetables, giving up sugary beverages and getting 30 minutes of exercise a day. Students, staff and classes win prizes and compete for a grand prize.

For more information, visit www.nkyhealth.org.

Arkansas lays out state’s health issues

Short life expectancy, high infant mortality and low health literacy are the three top public health issues facing residents of Arkansas, according to the new report, “Arkansas’ Big Health Problems and How We Plan to Solve Them.”

Released in March, the report includes state-specific information on a number of health topics, such as the cost of poor health, health equity and rural engagement. In Arkansas, average life expectancy in Arkansas was 76 years old — two years shorter than the national average. In fact, the report found that all but three of Arkansas’ counties were home to life expectancy lower than the national average. In 2009, the state’s infant mortality rate was 7.3 deaths per 1,000 births, compared to a national average of 6.4 deaths per live births. The report also stated that 37 percent of adults in Arkansas have low health literacy.

“We know there are multiple factors that affect the health of individuals and the population,” said Nate Smith, MD, MPH, state health officer and director of the Arkansas Department of Health, which released the report. “In order for Arkansas to become a healthier state, we must all work together to address these factors. We hope this report empowers individuals, leaders and organizations to take steps to make their communities healthier.”

In addition to examining the health problems facing Arkansans, the report also set out a number of solutions to the problems. Among the goals are promoting tobacco cessation, improving access to chronic disease screening in rural communities, reducing motor vehicle crashes, increasing flu vaccination, preventing unintended pregnancy and including health literacy in the curricula for all children in the state.

“While we may lack all the answers, we know enough to take action and to make progress in fighting our biggest health problems,” Smith said.

To read the report, visit www.arkansast.gov/health.

North Dakota debuts electronic network

With the official rollout of the North Dakota Health Information Network in March, health providers are sharing information that was once impossible.

By improving the quality and accessibility of health care in our state, we enhance the livability of our communities and the quality of life for our people,” said Gov. Jack Dalrymple. “Sharing electronic health records is an important part of those efforts, enhancing patient care while reducing health care costs.”

A majority of North Dakota physicians, hospitals, public health units and long-term facilities have health records systems that are able to connect with the network. In fact, North Dakota is leading the nation in the field, with 93 percent of physicians using electronic health record systems that can connect to a statewide network. The national average is only 48 percent.

For more health information, visit www.ndphin.org.

— Kim Krisberg

Photo by Mario Tama, courtesy Getty Images

A customer walks into a restaurant displaying an "A" inspection rating in New York City in 2011. The city’s environmental health tracking program has analyzed data from the initiative.
ANTIBIOTICS can be miracle drugs, ending infections and saving lives. But such drugs are threatened by antibiotic resistance, which makes it important for hospitals and health workers to use them effectively, a new federal report says.

Published as a Vital Signs in the March 7 issue of Morbidity and Mortality Weekly Report, the report found that clinicians in some hospitals prescribe triple the antibiotics of clinicians at other hospitals. And about a third of the time, prescribing practices to treat urinary tract infections and prescriptions for the common drug vancomycin were given without proper testing or evaluation or were given for too long.

If prescriptions of high-risk antibiotics in hospitals were reduced by 30 percent, that change could lead to 26 percent fewer cases of deadly diarrhea infections, according to the report. Those high-risk antibiotics are medications most likely to cause future antibiotic-resistant infections. More than half of all hospital patients receive an antibiotic.

“While these drugs are often lifesaving, prescribing them when they’re not needed or for the wrong duration fuels resistance and can set patients up for more drug-resistant infections in the future,” said Centers for Disease Control and Prevention Director Thomas Frieden, MD, MPH, during a March news conference on antibiotic prescribing practices. “Patients getting powerful antibiotics to treat a broad range of infections are up to three times more likely to get another infection from an even more resistant microbe.”

What the report and CDC officials are recommending is for hospitals to adopt antibiotic stewardship programs. CDC also has a checklist for hospitals “because it’s sometimes complicated and sometimes confusing to know what’s the right thing to do and how they can work most effectively,” Frieden said.

The stewardship program recommended for every hospital has seven core elements. First, a leadership commitment means dedicating the necessary human, financial and information technology resources to improving antibiotic prescribing practices. Second, to have accountability, hospitals must appoint a single leader responsible for program outcomes. Also, a pharmacist leader should be appointed to support improved prescribing.

The stewardship program calls for hospitals to take at least one prescribing improvement action, such as requiring reassessment of prescriptions within 48 hours to check for correct drug choice, dose and duration. Other facets of a hospital’s stewardship program are monitoring prescribing and antibiotic resistance patterns, regular reporting of prescribing and resistance information to clinicians and offering education on antibiotic resistance and prescribing practices.

“Recognize we must improve our practices,” said John Combes, MD, senior vice president of the American Hospital Association, during the March news conference announcing the report findings.

He said hospitals nationwide have been working in recent years to improve antibiotic prescribing practices and address the threats of antibiotic resistance and side effects. His association released a report in November 2013 with a list of hospital-based actions to be reviewed by patients and physicians before antibiotic use. One of those actions was for hospitals to adopt a stewardship program.

Prescribing of antibiotics in physicians’ offices also is a continued concern, especially in light of a recent CDC study that found the majority of C. difficile infections occur among children who recently took an antibiotic prescribed in a doctor’s office for a different health condition. C. difficile infections are bacterial infections that can cause severe and life-threatening diarrhea.

That study, published online March 3 in Pediatrics, found that 71 percent of C. difficile infection cases among children ages 1 through 3 were community-associated. In contrast, two-thirds of adult C. difficile infections are associated with hospital stays. The study’s authors said their findings point to a need for improving prevention efforts to reduce unnecessary antimicrobial use among young children in outpatient settings.”

For more information, visit www.cdc.gov/vital signs. — Donya Carrie

Study: Nurse staffing, education levels can affect patient safety

PUTTING heavy workloads on nurses and neglecting to emphasize education in hiring could be hurting hospital patients.

A multi-nation study published online in The Lancet on Feb. 25 found nursing staff levels and education had strong impacts on the likelihood of patients dying within 30 days of being admitted to the hospital. The study was based on patient outcomes associated with nurse staffing and education in nine countries.

Researchers reviewed the hospital discharge data of more than 420,000 patients who underwent common surgeries such as knee or hip replacement, appendectomy and gall bladder surgery. They also surveyed more than 26,500 nurses about their patient workload and education levels.

The study’s authors estimated that each additional patient in a hospital nurse’s workload increased the likelihood of a patient dying within 30 days of admission by 7 percent. And nurse education affected outcomes as well. For every 10 percent increase in nurses with bachelor’s degrees, the study found a 7 percent drop in the likelihood of patient death.

Cynthia Stone, DrPH, RN, chair of APHA’s Public Health Nursing Section, told The Nation’s Health that she agreed with the study’s recommendation on increasing levels of nursing education among hospital staff and keeping nurse-to-patient ratios low.

“We are starting to see in Indiana where nursing staff have been cut that patient outcomes are decreasing,” Stone said.

The study estimated that the likelihood of patients dying was nearly a third lower in hospitals where 60 percent of nurses had bachelor’s degrees and caring for an average of six patients when compared to those where only 30 percent of nurses had a bachelor’s degree and cared for an average of eight patients.

“Our study is the first to examine nursing workforce data across multiple European nations and analyze them in relation to objective and clinical outcomes, rather than patient or nurse reports,” said study lead author Linda Aiken, PhD, FAAN, FRCN, RN, of the University of Pennsylvania. “Our findings complement studies in the U.S. linking improved hospital nurse staffing and higher education levels with decreased mortality.”

“Whether these findings are used to inform health care policy or how they are implemented in practice will be interesting to see,” wrote Alvisa Roger Watson, PhD, RN, FAAN, of the University of Hull in the United Kingdom, in an editorial published with the study. “We fear that the evidence here will not be tried and found wanting, but will rather be deemed too expensive to act upon.”

The study found the average nurse-to-patient workload varied between countries and between hospitals within countries. For example, that ratio averaged seven nurses for every 12 patients in Spain but two nurses for every five patients in Norway. In Spain and Norway, all nurses had a bachelor’s degree, compared with an average of 10 percent of nurses in Norway and 28 percent in England.

“Nursing is a so-called soft target because savings can be made quickly by reduction of nurse staffing whereas savings through improved efficiency are difficult to achieve,” the study’s authors wrote.

To access the story, visit www.thelancet.com.
Hand hygiene often lacking in facilities

Despite the importance of hand-washing, about one in five U.S. health facilities do not make alcohol-based hand sanitizer available at every point of care, according to new findings published in the March issue of the American Journal of Infection Control.

Researchers surveyed 168 facilities in 42 states and Puerto Rico on compliance with the World Health Organization’s hand hygiene guidelines, finding that more than 77 percent of facilities make alcohol-based sanitizer available at every point of care. However, about one in 10 facilities reported that senior leaders, such as the chief executive officer, medical director or director of nursing, did not make a clear commitment to support better hand hygiene. Also, only about half of facilities surveyed put aside funds for hand hygiene training.

The majority of facilities reported displaying posters explaining hand hygiene techniques, however fewer than half displayed the posters in all wards and treatment areas.

“While hospitals don’t focus heavily on hand hygiene, that puts patients at unnecessary risk for preventable health care-associated infections,” said study author Laurie Conway, MS, RN, CIC, a PhD student at Columbia University School of Nursing. “The tone for compliance with infection control guidelines is set at the highest levels of management, and our study also found that executives aren’t always doing all that they can to send a clear message that preventing infections is a priority.”

Stethoscopes a risk for spread of bacteria

Doctors’ stethoscopes are dirtier than their hands, found a new study published in the March issue of Mayo Clinic Proceedings.

To conduct the study, 71 patients were examined by one of three physicians using sterile gloves and a sterile stethoscope. After the examinations, the stethoscopes and the physicians’ hands were examined for bacteria. Researchers found that the stethoscope’s diaphragm was more contaminated than all regions of the physician’s hand, except for the fingertips. Also, the tube of the stethoscope was dirtier than the back of the physician’s hand.

Similar results were found after a physician examined patients with methicillin-resistant Staphylococcus aureus, otherwise known as MRSA.

“By considering that stethoscopes are used repeatedly over the course of a day, come directly into contact with patients’ skin and may harbor several thousand of bacteria — including MRSA — during a prior physical examination, we consider them as potentially significant vectors of transmission,” said study co-author Didier Pittet, MD, MS, director of the World Health Organization Collaborating Center on Patient Safety. “From infection control and patient safety perspectives, the stethoscope should be regarded as an extension of the physician’s hands and be disinfected after every patient contact.”

The study concluded that stethoscope contamination is substantial after a single physical exam.

Nine programs apply for accreditation

In March, the Council on Education for Public Health accepted its first round of accreditation applications from stand-alone baccalaureate programs.

The council accepted applications from nine schools: Appalachian State University, Clemson University, Coastal Carolina University, East Carolina University, Johns Hopkins University, Rutgers, Trinidad University, University of Nebraska-Omaha and University of North Carolina-Wilmington.

Released in summer 2013, the Accreditation Criteria for Standalone Baccalaureate Programs in Public Health is the result of a multi-year effort to bring quality assurance opportunities to a growing number of baccalaureate programs and to attract more people to the public health field. Stand-alone baccalaureate programs in public health are programs that provide at least one year of public health education at the bachelor’s level.

The council already accredits baccalaureate-level programs located in schools of public health or those in the same organizational unit as a master of public health program. “The council was impressed with the first round of applications received,” said CEPH Executive Director Laura Rasar King, MPH, MCHES. “We knew there was interest and excitement among these programs and it’s gratifying that so many have committed to the process.”

Physicians less likely to offer education

While most people who abuse prescription opioid drugs get their pills from a friend or family member, those at highest risk for an overdose are likely to receive the drug from a doctor’s prescription, according to a study published online March 3 in the Journal of the American Medical Association Internal Medicine.

Researchers found that highest-risk users — people who use prescription opioids for nonmedical reasons and more than 80 percent of those at highest risk for an overdose — are more likely to receive the drug via their own prescriptions than via a prescription underscores the need to focus on doctors’ prescribing behaviors.

“Many abusers of opioid pain relievers are going directly to doctors for their drugs,” said Centers for Disease Control and Prevention Director Tom Frieden, MD, MPH. “Health care providers need to look for abuse risk and prescribe judiciously by checking past records in state prescription drug monitoring programs. It’s time we stop the source and treat the troubled.”

For more information on prescription drug abuse, visit www.cdc.gov/homeandrecreational/safety/overdose.

Doctors a source for heavy opioid abuses

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NEW RELEASE!

Conducting Health Research with Native American Communities

Edited by Teshtia G. Arambula Solomon, PhD and Leslie L. Randall, RN, MPH, BSN

The current research and evaluation of the American Indian and Alaska Native (AIN) people demonstrates the increased demand for efficiency, accompanied by solid accountability in a time of extremely limited resources. This environment requires proficiency in working with these vulnerable populations in diverse cross-cultural settings. This timely publication is the first of its kind to provide this information to help researchers meet their demands.

This book provides an overview of complex themes as well as a synopsis of essential concepts or techniques in working with Native American tribes and Alaska Native communities. Conducting Health Research with Native American Communities will benefit Native people and organizations as well as researchers, students, and practitioners.

This book is currently in production and all pre-orders will ship by mid-May.

APHA MEMBER PRICE: $52.50

ORDER ONLINE at www.aphabookstore.org

On the Job in Brief

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Budget proposes funds for health security, climate change

2015 BUDGET, Continued From Page 1

ing for core public health programs is inadequate and short-sighted,” said APHA Executive Director Georges Benjamin, MD. “In the face of fiscal pressures, we look forward to working with the administration and Congress to reverse austerity measures that prevent adequate investment in programs that promote and protect public health.”

Under Obama’s proposal, the Centers for Disease Control and Prevention would see cuts to its program-level funding of about $243 million, or 3.5 percent, from fiscal year 2014. The agency’s budget would shrink from $6.85 billion to $6.61 billion. As part of that funding, CDC would receive $810 million from the Affordable Care Act to support prevention programs nationwide. CDC programs facing cuts under the proposed budget include its immunization program, which will lose $36 million — in part because the administration expects that more immunizations will be covered by insurance in fiscal year 2015 — and public health preparedness and response programs, which will lose $54 million. The budget also proposes the elimination of the Preventive Health and Health Services Block Grant and a decrease of $52 million from several occupational safety and health programs.

In a March letter to members of the U.S. House and Senate appropriations committees, APHA noted that Obama’s proposed budget would cut CDC’s budget authority to fiscal year 2003 levels, “while we appreciate some of the targeted increases in the president’s budget, other important CDC programs would face level funding or significant reductions,” said the letter, which was signed by members of the CDC Coalition.

“We believe that Congress should prioritize funding for all of the activities and programs supported by CDC that are essential to protect the health of the American people.”

The letter asks Congress to provide $7.8 billion to CDC in its final appropriations legislation. “While we acknowledge the ongoing fiscal pressures on federal discretionary funding, we are deeply concerned that the administration is proposing deep cuts to CDC’s budget authority, particularly on the heels of the fiscal year 2014 omnibus spending bill that restored some of the prior reductions to CDC’s budget,” Benjamin said. “Ongoing cuts to public health programs continue to leave all of us at risk.”

Despite the cuts, the proposed budget also makes room for some growth at CDC. It would spend $47 million on a new global health security program aimed at prevention and detection of global health threats, as well as $30 million on programs to detect and protect against the spread of antibiotic-resistant pathogens.

“Fundamentally, it’s about saving lives, time and money by unlocking the microbial genome to more quickly identify outbreaks, stop them and figure out how to prevent them,” said CDC Director Tom Frieden, MD, MPH, during a March meeting with the CDC Coalition at APHA headquarters in Washington, D.C.

Ongoing cuts to public health programs continue to leave all of us at risk.” — Georges Benjamin

The Infectious Diseases Society of America called the effort to address the resistance problem “an important step forward,” and urged Congress to fully fund the effort.

The Health Resources and Services Administration will see even deeper cuts in its discretionary budget under the president’s proposal, dropping from about $6 billion to $5.3 billion. That represents a cut of 19 percent in nominal dollars since fiscal year 2010, and 25 percent when adjusted for inflation.

The agency would strengthen the health workforce by increasing the reach of the National Health Service Corps, whose members do primary care work in underserved communities. Funding only proposed in the budget would support 15,000 providers from 2015-2020 and serve more than 16 million patients.

HRSA’s Community Health Center Fund would also receive $960 million under the proposal. “I think it’s one of the largest increases we’ve ever had in our program,” said Jim Macrae, MPP, MA, associate administrator for primary health care, speaking at a Friends of HRSA briefing in Washington, D.C., March 13. “With those resources and the impact of the Affordable Care Act, we project that health centers will serve a little more than 30 million people across the country and 1,300 health centers at over 9,500 sites.”

At the same time, the budget would cut HRSA’s rural health programs by $18 million, putting at risk some of the gains that could be made in health in rural areas, advocates warned.

HHS noted in its budget brief that, in addition to continuing to serve newly insured patients in 2015, health centers will also remain a vital source of primary care for patients who cannot gain access to coverage, as well as insured patients seeking care for services not covered by insurance.

Both the Health Service Corps Fund and the Community Health Center Fund are set to expire at the end of fiscal year 2015, and advocates caution that in the absence of continued mandatory funding, Congress must make clear that they are able to continue their work.

APHA and other members of Friends of HRSA asked Congress in a March letter to restore funding for the agency to $7.48 billion. “The programs administered by HRSA serve the health needs of people who are medically underserved, low-income and geographically isolated in every state and U.S. territory,” the letter noted.

The budget proposal would have effects on other HHS agencies and programs as well. Another population that will struggle if the current proposal passes is people with HIV/AIDS said Joel Gallant, MD, MPH, FIDSA, chair of the HIV Medicine Association. The President’s Emergency Plan for AIDS Relief would receive no increase under the budget and has seen cuts totaling $500 million since 2011. If the proposal becomes reality, advocates caution that the administration’s stated goal of an AIDS-free generation is at risk.

PEPFAR implementation is overseen by a range of U.S. agencies, including the Department of State and U.S. Agency for International Development. But many HHS agencies administer its programs, including the Health Resources and Services Administration.

“Over the past few years, the administration has ‘seriously invested in anti-retroviral therapies’ through PEPFAR,” said Matthew Kavanagh, EdM, senior policy analyst with the Health Gap Global Access Project during a conference call discussing the budget.

In 2013, 1.6 million people were added to PEPFAR’s treatment rolls, for a total of 6.7 million. But if the current flat funding continues, PEPFAR will add just 300,000 people in the next year, he said.

The Indian Health Service, however, would see a bump in program-level funding of $258 million, bringing its budget to about $6 billion. Of that, most would come from increases in clinical services, at $169 million.

Beyond HHS, the Environmental Protection Agency would receive about $310 million less than it did in 2014, but the budget invests heavily in addressing global climate change. In his remarks on the proposal, Obama noted that it includes more than $1 billion in new funding for technologies to help communities prepare for climate change and to set up incentives to build “smarter, more resilient infrastructure.”

The funds, about $41 million over 2014, would support the implementation of the President’s Climate Action Plan released last year and would allow the agency to hire 24 new staff to work on climate issues, EPA said in a news release. It would also provide funding to states to help them implement the Clean Air Act.

For more information on HHS’ proposed 2015 budget, visit www.hhs.gov/budget/.
Child vaccinations save lives, money

Vaccinating children not only saves lives and prevents illness, it creates “substantial cost savings,” according to a recent study.

An economic analysis of the recommended U.S. childhood immunization schedule found the practice will prevent 42,000 early deaths and 20 million cases of disease, with a savings of $13.5 billion in direct costs and nearly $60 billion in total societal costs.

In the study, which updates a prior analysis published in 2005, researchers concluded that the average savings per dollar spent on vaccinations is at least $10. The study was published in the April issue of Pediatrics.

“The routine childhood immunization program remains one of the most cost-effective prevention programs in public health,” the study’s authors wrote. “Our data confirm that the vaccines currently recommended for children represent not only a major public health victory in terms of disease prevention, but also an excellent public health ‘buy’ in terms of dollars and cents.”

Comics convey health messages

Using online comics, researchers found that these messages can help motivate youth to make better snack choices.

Children who exercise with their parents spend significantly more time being physically active, a recent study found.

“Further studies are warranted on whether preventive measures such as muscle strengthening exercise would be helpful in preventing future fall events and fractures in patients with distal radius fracture,” said study author Hyun Sik Gong, MD, PhD, an orthopedic surgeon at the Orthopedics Seattle National University Bundang Hospital.

The study involved 80 post-menopausal women older than 50. Half had fractured their wrists by falling on an outstretched hand and the other half had upper extremity conditions, such as carpal tunnel syndrome.

Female-to-female HIV transmission found

A rare case of female-to-female sexual HIV transmission was reported in Texas in 2012 and documented in the March 14 Morbidity and Mortality Weekly Report.

In August 2012, the Houston Department of Health and Human Services contacted the Centers for Disease Control and Prevention about the case. After investigation, laboratory testing confirmed the woman with newly diagnosed HIV infection had a virus identical to that of her female partner. Also, the woman with the newly diagnosed infection did not report any other recognized HIV risk factors.

“Transmission of HIV between women who have sex with women has been reported rarely and is difficult to ascertain,” according to the study’s authors.

They concluded the 46-year-old woman, who was diagnosed in July 2012 with HIV infection, likely contracted the virus from her 43-year-old partner, who had tested positive for HIV in 2008. The couple reported unprotected oral and vaginal contact, including during menstruation.

The findings point to a need for discordant couples — in which one is HIV-positive and one is not — to “receive education and counseling services, especially instruction in safer sex practices,” according to an editorial note accompanying the MMWR study.

Exercising with kids increases activity

While interventions designed to encourage children to be more active can have little effect if targeted at children alone, when parents join in, the results are more promising.

A study in the March/April American Journal of Health Promotion found that interventions involving both parents and children led to a significant increase in the amount of time children spent being physically active. But those interventions did not seem to impact body mass index.

“Care by lay workers helps schizophrenia

A study of community-based care for people with schizophrenia found treatment by lay workers is effective at reducing symptoms and ensuring people continue taking medication.

The study, which was conducted in India and published March 4 in The Lancet, randomly assigned people ages 16-60 with moderate to severe schizophrenia to receive either community-based care plus facility-based care or facility-based care alone.

The community-based care involved lay workers who were trained to deliver personal, home-based treatment to patients at home, under close supervision by psychiatric social workers. The workers also provided support to patients’ family members.

After a year, scores on two evaluation scales were lower in the community intervention than the usual care group.

— Donya Currie
While the responsibilities of public health nurses have changed since 1996, a Public Health Nursing Section document defining those challenges had not. The Section’s “Definition and Practice of Public Health Nursing” document had not had a complete overhaul in nearly two decades.

But that changed in November after the Section approved a revised document, the result of a year of surveys, edits and recommendations led by a 15-person task force. According to the definition, “Public health nursing is the practice of promoting and protecting the health of populations using knowledge from nursing, social and public health sciences.”

While the exact wording of the definition did not change, the supporting document did. New additions to the document include the role of public health nurses in relation to addressing the social determinants of health, such as education, race, ethnicity or socioeconomic status, and how factors such as poor living conditions may negatively affect health.

The Section’s definition document has been cited in scholarly papers and textbooks, and it has value to scholarship and advancing practice of public health nursing, said Betty Beke-meyer, PhD, MPH, RN, co-chair of the Public Health Nursing Definition Document Task Force. But there was concern that so much had changed in health systems and public health that an update was necessary, she said.

“We really felt a real pressing need to update that and have something more current that the Section has affirmed as our current definition of supporting information,” Beke-meyer told The Nation’s Health. “There might have been catalysts related to the Affordable Care Act, community health practice, the development of public health nursing competencies, all of those things were occurring with the document still referring to the context that existed in the early to mid 1990s.”

In early 2013, the Section sent an email to all members who were interested in being on the task force to update the document. Once formed, the task force started with an online discussion board discussing the 1996 document, asking members what they liked about it and what they wanted to see changed. Based on the feedback, the task force created a survey to identify areas that members reached a consensus on for how to move forward with a new document.

“We were pleased to the degree it represented a broad swath of academia, practice, federal, state and local kind of people who have been less involved in the Section who hadn’t had a history of involvement but were looking for ways to be involved so they brought a new perspective,” Beke-meyer said.

Through task force discussions via emails, surveys and message boards, the task force created an outline for a revised definition document. After multiple edits, the document was sent out beyond the Section to other health professionals where over 100 people commented, leaving more than 400 individual comments. All were taken under consideration before the final document was approved at APHA’s 141st Annual Meeting and Exposition in Boston. Other document changes included language on the need for public health leadership when it comes to integrating primary care with public health. The document says both fields “share a focus on prevention, population health, transitional care and care coordination across settings to promote health through collabora-

“Public health nursing is the practice of promoting and protecting the health of populations using knowledge from nursing, social and public health sciences.”

— Section definition

As a result, public health nurses, who work with populations, families and individuals, are well-positioned to make integration successful, a Section document says.
Maternal and Child Health Section focuses on gun violence prevention

A Section Workgroup formed in response to the December 2012 shooting at a Newtown, Conn., school hopes its newest initiative spurs gun violence prevention at the local level.

The Maternal and Child Health Section’s Gun Violence Prevention Workgroup is working on a call to action among its members to seek evidence-based approaches to reducing gun violence and form local partnerships.

“We want to see policy and practice in place,” said Wendy Ellis, MPH, workgroup member. “We’re not looking for across-the-board bans. We want smart ownership. In order to get there, we have got to start at the smallest seeds and planting those seeds around the country.”

The initiative is a follow-up from a Section town hall meeting held during APHA’s 141st Annual Meeting and Expo in Boston, which featured speakers such as Thomas McInerny, MD, FAAP, immediate past president of the American Academy of Pediatrics. Other speakers included Jeremy Richman, PhD, and Jennifer Hensel, MS, parents of a 6-year-old, Avielle Richman, a victim of the Sandy Hook Elementary School shooting in Newtown.

Woodie Kessel, MD, MPH, a workgroup member, said the Section was fortunate to have Richman and Hensel speak about the importance of prevention and integrating social science with neuroscience to understand the link to potential gun violence.

The workgroup is challenging Section members through the call to action to bring people in their school systems, faith-based communities and other groups to the table to discuss and form cross-sector partnerships that address the public health threat of firearm injuries. Ellis said she hopes future partnerships will build momentum for a national dialogue on preventing firearm injury.

Workgroup members said they would like to see enough discussion happen nationwide where communities can share and learn about what gun violence prevention methods work. Ellis said she hopes both a national dialogue and evidence-based solutions will inform future legislation and research to reduce the threat of firearm injury. If there are guns in the home, can there be made a way to store them more safely? Ellis said, “What you do for toddlers is not the same tactics for adolescents.”

Kessel said President Barack Obama’s January 2013 executive memorandum directed the U.S. Department of Health and Human Services to “conduct or sponsor research into the causes of gun violence and the ways to prevent it” is promising because new science is necessary to strengthen future interventions. An updated Section policy on community-level gun violence prevention is in discussion.

For more on the Section, visit www.apha.org/membergroups/sections/aphasections/mch.

— Natalie McGill

SECTIONS IN BRIEF

Caucus comments on hepatitis B draft

Several APHA’s Caucas focused on the ranks of many groups this winter pushing for Asian American and Pacific Islander health advocates to comment on hepatitis B draft screening recommendations.

The Asian Pacific Islander Caucus for Public Health assisted the Hepatitis B Foundation in creating letter templates to submit their comments on the U.S. Preventive Services Task Force recommendations, said Chari Cohen, MPH, a member of the Caucus executive committee and director of public health for the foundation. Hepatitis B can result in liver damage, disproportionately affects Asian American and Pacific Islanders. While Asian Americans and Pacific Islanders make up only 5 percent of the total U.S. population, they comprise more than 50 percent of Americans who live with chronic hepatitis B, according to the Centers for Disease Control and Prevention. Chronic hepatitis B infections result in thousands of U.S. deaths each year.

The draft from the task force recommends people born in areas with high hepatitis B infection rates, such as Asia, the Middle East and eastern Europe, be screened for the disease. The draft also recommends screening pregnant women in the U.S. who were not vaccinated against hepatitis B and are born to parents who come from high-risk countries.

The Caucus also sent a letter on behalf of its members before the comment period closed March 10. Elena Ong, PHN, MS, a Caucus leader, called the recommendation “a step” that is “important for the population.”

The Student Assembly targets uninsured

Nearly 200 people participated in a Feb. 20 webinar held by the APHA Student Assembly to promote young adults getting insured under the Affordable Care Act. The webinar “Young, Healthy...Uninsured? ACA & You Webinar: Learn How You Can Get Involved in Your Community!” was held in partnership with the Department of Health and Human Services’ Office of Minority Health, the Centers for Medicare and Medicaid Services and the White House Initiative on Education Excellence.

Topics discussed included the observation that young adults are invincible against the possibility of becoming sick and relying on health care, said Liesl Nydegger, MPH, the Student Assembly’s immediate past chair.

“They know a little bit about it,” Nydegger said of knowledge about insurance options. “But they don’t really actually understand what it is or really isn’t that much money.”

Another part of the webinar was a push for students to become Healthy Engaged Young Texans, also known as HEY!, a White House-led initiative that recruits young adults to educate their peers about signing up for coverage.

Latino Caucus works to gain new members

The Latino Caucus for Public Health has launched a new committee to boost its numbers of young public health professionals. The Latino Young Professionals Committee kicked off at APHA’s 141st Annual Meeting and Expo in 2013, coinciding with the launch of the Caucus’ Faces and Places of Latino Public Health, which will take the form of a series of YouTube videos. The series will feature Hispanic health professionals who want to share their stories with the next generation of public health workers.

“There was an unbalanced number of young professionals in the Latino Caucus,” said Carolina Kessel, an Immediate past president and co-secretary for the Caucus. “There’s a need to bridge more of those students or recent graduates to the field of public health and the APHA arena.”

The committee is using the Caucus Facebook page to post professional development events geared toward young professionals, scholarship opportunities and photos from past Caucus events.

— Natalie McGill

Photo by Nathan Bhatti, courtesy APHA

Attendees at the Maternal and Child Health Section’s meeting in March listen to a discussion on gun violence prevention.

Photo by Michele Late

Latino Caucus members share information at APHA’s Annual Meeting in November.

Photo by Michelle Late

APHA’s 141st Annual Meeting in November.
School lunch program targeting nutrition

SCHOOL LUNCH, Continued from Page 1

year, USDA reported that the vast majority of schools are successfully meeting new nutrition guidelines for school meals. While many schools had begun moving toward healthier fare on their own, the 2010 passage of the federal Healthy, Hunger-Free Kids Act set a course for the first national update of school meal standards in more than 15 years and authorized increased federal reimbursement to schools districts that comply with the new standards.

USDA’s new nutrition standards, which were released in 2012, call on schools to offer more fruits, vegetables and whole grains, to serve only fat-free and low-fat milk, eliminate trans fats, and place limits on sodium and calories. With more than 31 million children participating in the National School Lunch Program every school day and a childhood obesity rate that has nearly tripled in the last 40 years, health and nutrition advocates hailed the new standards. Today, nearly 90 percent of schools are meeting the new nutrition standards, and only 0.15 percent of schools have cited the nutrition standards as a reason they left the National School Lunch Program.

Still, many schools could meet the new meal standards more effectively and at less cost if they had updated equipment and infrastructure, said Jessica Donze Black, MPH, RD, director of the Kids’ Safe and Healthy Foods Project at the Pew Charitable Trusts during a March 20 USDA news conference. In surveying schools nationwide, Black and her colleagues found that 88 percent of school districts needed at least one piece of kitchen equipment and 53 percent needed kitchen infrastructure changes. For example, in Alabama, 40 percent of school districts said they needed walk-in freezers and 39 percent needed more electrical capacity.

However, many of the top equipment needs cost less than $2,000, “so this is a solvable problem,” Black said. During the news conference, USDA Secretary Tom Vilsack noted that the agency announced $11 million in school equipment grants in December and that President Obama’s fiscal year 2015 budget proposal includes $35 million in school kitchen equipment grants.

“The federal grants are a really important piece of the puzzle,” Black told THE Nation’s Health. “They can be catalytic.”

In response to concerns that the new standards may negatively impact participation in the school lunch program, Black said the answer is to “sell healthy foods that are appealing rather than selling less healthy foods.” Luckily, some early research is finding that kids are responding favorably to the changes. In a study published in March in the American Journal of Preventive Medicine, researchers found that the new federal standards have led to an increase in fruit and vegetable consumption. To conduct the study, researchers collected plate waste from more than 1,000 students in four schools before and after the new standards were implemented. The study found that fruit selection increased by 23 percent, and vegetable consumption increased by more than 16 percent. Also of note, the study found that while students still threw away a substantial portion of their fruits and vegetables, the new nutrition standards did not result in more food waste than before.

Juliana Cohen, ScD, ScM, lead author of the study and a research fellow at the Harvard School of Public Health, said the findings point to the importance of involving students in creating healthier school meals. “We are seeing high levels of food waste, but it’s not due to the new nutrition standards,” Cohen said. “That why it’s so important to focus on food quality and palatability.”

Diane Pratt-Heavner, spokeswoman for the School Nutrition Association, called for continued flexibility on USDA’s part, such as the agency’s decision earlier this year to allow schools to serve larger portions of lean protein and whole grains than the standards originally intended. Such flexibility will help schools maintain student participation, she said. According to the Government Accountability Office, participation in the National School Lunch Program dropped by 1.2 million students between 2010-2011 and 2012-2013, primarily driven by a drop in students who pay full price.

“If it’s not about scraping the standards, it’s about providing flexibility,” Pratt-Heavner told THE Nation’s Health. “As paying students leave, it threatens the overall stability of the program...We want the school meal program to foster a sense of community in the cafeteria, not stigmatize kids as a program that only serves poor children.”

APHA member Margo Wootan, DSc, director of nutrition policy at the Center for Science in the Public Interest, said declines in school meal participation are usually temporary. “The answer, she said, is not to exempt struggling schools from the standards, but to provide them with the resources and mentoring to succeed. Wootan noted that schools may find it easier to offer healthier lunches in the fall when USDA’s nutrition standards for competitive and a la carte foods in school go into effect as planned and palatable.

“Having consistently healthy standards across the whole campus makes school lunch much more appealing, competitive and financially more sound,” she said. “Overall, we’ve seen more improvement in nutritional quality in schools in the last two years than over the last decade and it’s very encouraging.”

Meeting nutrition standards and finding food kids will eat is often a delicate balance, said Kathy Glindmeyer, MBA, RD, director of nutrition and wellness for Paradise Valley Unified School District in Phoenix. While state legislation passed in 2006 had already updated school nutrition standards for kindergarten through eighth grade, the USDA nutrition changes ushered in new meals in high school as well. Glindmeyer said that even though the district faces challenges in implementing the new standards — such as finding healthy breakfast options that kids can quickly eat in the classroom in less than 10 minutes — kids seem to like the new foods and the district meal program is able to “sustain itself in the black.”

“They’re our customers and I don’t want to be guilty of having my students, whether free, reduced or paid, not eat lunch,” she said. “I have a responsibility to make sure they have enough nutrients in their bodies to learn.”

For more information on new school nutrition standards, visit www.usda.gov or www.healthyschoolfoodsnow.org.

— Kim Krisberg

Food marketing, after-school programs targeted in new efforts

The U.S. Department of Agriculture proposed new guidelines in February for local school wellness policies, including ensuring that foods and beverages marketed to kids in schools are consistent with Smart Snacks in School standards, which set criteria for school vending machines and snack bars.

Returning to the Center for Science in the Public Interest, in 2012, 70 percent of elementary and middle school students and 90 percent of high school students attended schools with in-school food marketing, most of which advertised unhealthy options.

The idea here is simple — our classrooms should be healthy places where kids aren’t bombarded with ads for junk food,” said first lady Michelle Obama in a USDA news release. “Because when parents are working hard to teach their kids healthy habits at home, their work shouldn’t be undone by unhealthy messages at school.”

Also in February, the Boys and Girls Clubs of America and the National Recreation and Park Association announced a five-year commitment to create healthy environments for children attending out-of-school programming. The organizations committed to providing 5 million meals a year with healthy snacks and physical activity. When combined with a previous commitment from YMCA of the USA, more than 5.5 million children will reap the benefits of healthier after-school and out-of-school programming.

Our pledge is to provide a world-class experience after school and in summer that assures success is within reach for every young person who enters our doors — and critical to that success is building healthy habits,” said Damon Williams, PhD, senior vice president for program, training and youth development services at Boys and Girls Clubs of America.

“With our focus on food quality and palatability, our goal is to focus on food quality and palatability,” said Diane Pratt-Heavner, spokeswoman for the School Nutrition Association, called for continued flexibility on USDA’s part, such as the agency’s decision earlier this year to allow schools to serve larger portions of lean protein and whole grains than the standards originally intended. Such flexibility will help schools maintain student participation, she said. According to the Government Accountability Office, participation in the National School Lunch Program dropped by 1.2 million students between 2010-2011 and 2012-2013, primarily driven by a drop in students who pay full price.

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— Kim Krisberg

Want to weigh in on this article? Visit The Nation’s Health website at www.thenationshealth.org to comment.
Veteran Suicide: A Public Health Imperative
Edited By Robert M. Boisseau, PhD

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APHA PRESS

Cancer Behavioral Research Faculty Position - Associate / Full Professor (Tenure Track)

In a joint recruitment effort, the Department of Epidemiology and Biostatistics, Institute for Health Promotion Research (IHPR) and the Cancer Therapy and Research Center (CTRC) at the University of Texas Health Science Center in San Antonio (UTHSCSA) invites applications for a tenure-track faculty position in behavioral science at the associate or full professor level with experience and extramural research funding history in Latino related cancer prevention and control, cancer health disparities and community based participatory research.

Institute for Health Promotion Research and the Cancer Therapy and Research Center: The IHPR, established in 2006 as a unit of the Department of Epidemiology and Biostatistics at UTHSCSA, directs many research projects that address chronic disease and cancer prevention and control research. http://ihpr.uthscsa.edu. The CTRC is one of four National Cancer Institute (NCI)-designated Cancer Centers in Texas and the only NCI-designated center in South Texas, serving a 38-county region of 4.4 million people. (www.ctrc.uthscsa.edu).

The research activities at the IHPR, CTRC, and their host institution (UTHSCSA) provide varied and exciting opportunities for behavior research studies. The successful candidate will have the opportunity to collaborate closely with faculty from other UTHSCSA schools (i.e., Medical, Dental, Nursing, and Allied Health), the UT School of Public Health's San Antonio Regional Campus, and UTHSCSA’s Regional Academic Health Center campuses in Harlingen and McAllen, Texas, located on the U.S.-Mexico border.

Qualifications: 1) completed doctoral degree (M.D. or Ph.D. equivalent); 2) track record of independent, peer-reviewed grant funding; 3) record of peer-reviewed publications in the area of cancer and behavioral sciences; 4) ability to serve as principal investigator on externally funded projects and as co-investigator with multi-disciplinary research teams; and 5) contribution to the educational mission through teaching and advising graduate students and/or mentoring early-career scientists.

Candidate Review: Review of applications will begin immediately and continue until the position is filled. Candidates should e-mail a letter describing their qualifications and interests along with their curriculum vitae, and contact information for three professional references to:

Amelie G. Ramirez, Dr.P.H.
Chair, Behavioral Faculty Search Committee
Director, Institute for Health Promotion Research
7411 John Smith Drive, Suite 1000
San Antonio, Texas 78229
210-562-6500
ramirezag@uthscsa.edu
http://ihpr.uthscsa.edu

The CTRC, a National Cancer Institute (NCI)-designated Cancer Therapy and Research Center, together with its academic affiliate, the Center for the Study and Prevention of Suicide at the University of Rochester Medical Center, is seeking a mid-career investigator to conduct epidemiological and/or public health research involving Veterans, with a focus on suicide risk, surveillance, and prevention. The incumbent will serve as the Associate Director of Research for the CoE; in that role, s/he will direct the center’s epidemiological/public health studies and supervise a group of researchers and staff members. Training and experience conducting and publishing epidemiological studies and/or public health research on suicidal behavior and/or closely related antecedent conditions (e.g., substance use disorders) is required, and it is expected that the successful candidate will have demonstrated the ability to consistently obtain peer-reviewed research funding. The position provides considerable “hard money” salary support for this position, as well as staff, with the expectation that s/he will develop a program of research supported by additional external funding. The incumbent will be eligible for a faculty appointment at the University of Rochester Medical Center, which is commensurate with experience.

Send cover letter and vita to Kenneth R. Conner, Psy.D, MPH, CoE Director, ken.conner@va.gov, and copy Ms. Lisa Lochner, lisa.lochner@va.gov.

Epidemiologist/Public Health Research position

THE NATION’S HEALTH  MAY/JUNE 2014

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Global index links rule of law with countries’ public health

A RECENTLY released index shows northern countries such as Denmark and Norway are the most likely across the globe to have a system of laws that promote government accountability and basic rights that ultimately affect public health.

The “World Justice Project’s Rule of Law Index 2014,” released in March, assesses how effective rule of law is in 99 countries and jurisdictions. The project defines rule of law as a country’s system of rules and rights that ensure factors such as government accountability and clear laws that value fundamental rights.

Weakenesses in laws have the potential to trickle down to a country’s ability to deliver health services, said Juan Carlos Botero, JD, LLM, executive director of the World Justice Project, which is focused on advancing rule of law worldwide.

“When there’s corruption, the medicines do not reach the patients,” Botero said. “They stay in the hands of administrators or doctors and they don’t reach the patients. And this happens all over the world... When the institutional response to the disease is low because the mechanism of collective action is weak, then the response is low.”

The fourth annual index, geared toward people such as practitioners and policy-makers, includes data from 99 countries and jurisdictions. The index shows that the system seems to work more effectively in northern countries...It’s a consistent trend of effective government accountability.”

Afghanistan, Venezuela and Zimbabwe ranked in the bottom five of the 99 countries and jurisdictions for at least four or more factors, the index said.

One of the keys to improving public health under rule of law is to reduce corruption, Botero said. While the assumption is that the more money a country spends on health, the better the outcomes should be, that is not always the case. Effective rule of law is as important as how rich or poor a country is, and as important as how much money the country spends in health, he said.

“You can spend a lot on health, but if this money or resources don’t reach patients because of corruption, because of lack of enforcement, because of lack of accountability, then their health will be affected,” Botero said.

For more information, visit www.worldjusticeproject.org.

— Natalie McGill

GLOBE IN BRIEF

Syrian war taking huge toll on children

The conflict in Syria is resulting in devastating health consequences for the nation’s children, according to a new report from Save the Children.

In addition to a severe lack of medical and hearty resources, deadly diseases such as measles and polio are also re-emerging. The report warns that up to 80,000 children are likely to be infected with the most aggressive form of polio. In the first week of 2014, eight cases of measles were documented among children younger than 5 years old, whereas in 2010 a total of 26 measles cases were reported throughout the entire year.

Lack of basic infrastructure and resources are wreaking havoc as well. The March report chronicles children undergoing amputation because clinics do have the necessary equipment for treatment, and newborn babies dying in their incubators during power outages.

“One humanitarian crisis has fast become a health crisis,” said Roger Hearn, Save the Children’s regional director. “Children inside are enduring barbaric conditions. Simply finding a doctor is a matter of luck; finding one with the necessary equipment and medication to provide proper treatment has become almost impossible. The desperate measures to which medical personnel are resorting to keeping children alive are increasingly harrowing.”

Across Syria, 60 percent of hospitals are damaged or destroyed, and nearly half of the country’s doctors have left the country. Save the Children reports that more than 5 million Syrian children need help with basic needs, such as health care and food.

For more information on how to help or for a copy of “A Devastating Toll: The Impact of Three Years of War on the Health of Syria’s Children,” visit www.savethechildren.org.

HPV vaccine rollout in three countries

More than 1 million girls across Rwanda, Uganda and Uzbekistan are poised to benefit from a new effort to offer immunization against the human papillomavirus, a main cause of cervical cancer.

In March, the Gavi Alliance announced that it will support national rollouts of the HPV vaccine in Uganda and Uzbekistan beginning in 2015. In Rwanda, where there is already a successful HPV vaccination program thanks to donations from a vaccine manufacturer, health officials will switch to Gavi Alliance-supported vaccination financing.

The change in Rwanda is expected to help the nation develop long-term sustainability in its HPV vaccination program.

“Cervical cancer is a scourge on women and their families in the world’s poorest countries,” said Seth Berkley, MD, CEO of the Gavi Alliance.

For more information on the campaign, visit www.gavialliance.org.

— Kim Krusberg

The GLOBE

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Get off your seat! Too much sitting can harm your health

By Natalie McGill

A fter a long day at your desk or a rough commute in your car, the thought of slinking into a comfortable chair and watching TV might sound relaxing.

But if you already spent chunks of your day sitting in one place, that comfortable chair may do you more harm than good.

Research shows that sitting for long periods of time can affect your metabolism and body fat. That can lead to higher risks for cardiovascular problems, such as high blood pressure, heart disease and even early death, says JoEllen Wilbur, PhD, associate dean for research and professor at the College of Nursing at Rush University and a National Institute of Nursing Research-supported scientist.

While no one can escape the health risks of sitting, the risk increases for people already in poor health and as you age. For every hour of sedentary behavior, the risk of disability doubles in adults age 60 and older, according to recent National Institutes of Health-funded research.

“Those individuals who work at a desk, or students who are studying for long hours, or playing video games or watching TV, they’re often not even aware of how many minutes or hours they may be spending doing these activities,” Wilbur says.

If you think you may be doing too much sitting, then the first thing to do is find out exactly how long you’re doing it, Wilbur says.

Start by tracking how long you spend in front of the TV or a computer. You may be surprised by how much time you spend sitting, Wilbur says.

Even if you’re someone who spends time doing daily high-intensity physical activity, such as running for an hour a day, you should still ask yourself how you’re spending the rest of the day when you’re not exercising, Wilbur says.

If you’re sitting in your office for a long time, set a timer to remind yourself to move around, Wilbur says. Try standing at your desk, or walking around your office while listening to a portable music player.

“Just a minute of movement that is light activity is helpful and provides some benefits,” Wilbur says.

Wilbur says you should aim for 150 minutes a week of moderate physical activity, such as a brisk walk. But you can reach this goal in small bouts of physical activity, she says.

“I think there’s a lot of texting that goes on or emails go back and forth,” Wilbur says. “Get up, move and ask the question or talk to an individual rather than texting or emailing.”

There are other ways to increase your activity after a long day of sitting. After driving to the grocery store, try walking around the store to get yourself moving, Wilbur says. After you’re done shopping, take the shopping cart all the way back to the storefront instead of leaving it near your car or in a parking lot collection spot.

If you’ve been sitting awhile on a bus, get off at the stop a block before your house for extra walking time, she says.

Take the stairs, take a stand

If you are someone who constantly sits but want to become more active, then you should start light, start low and build over time, Wilbur says. At your job, take the stairs instead of the elevator. Start with one flight of stairs and work your way to more as you get used to increased activity, she says.

If you have projects that can be done standing up, get off your chair and work upright for awhile. Set a timer to go off once an hour to remind you to stand up. Another option is to install a standing desk.

“I tell people who have forgotten their keys that’s a plus — you get an opportunity to go up the stairs a second time and get a little more activity into your life,” Wilbur says.

If you’re the parent of a child who is prone to sitting, try limiting the amount of time she or he spends watching TV or using a computer. The federal Let’s Move! campaign suggests walking around your neighborhood with your child after a meal or making a choice to move around in any way during a commercial break on TV. Parents can also encourage their kids to join a sports team, or give them toys that encourage movement, such as a jump rope.

With more movement, you’ll begin to feel better physically and emotionally. Research says physical activity can help improve mental health. You are also less likely to eat unhealthy foods that are higher in fats and sugar when you’re moving around as opposed to constantly sitting, Wilbur says.

>> For more physical activity tips, see www.cdc.gov/physicalactivity