



American Association of Public Health Physicians

The Voice of Public Health Physicians-Guardians of the Public's Health

Membership Address: 1605 Pebble Beach Blvd., Green Cove Springs, FL 32043
www.aapHP.org; Email: aapHP@reachone.com or magyarsf@bellsouth.net or Phone: (904) 860-9208
Fax (904) 529-7761

American Association of Public Health Physicians

E-NEWS July, 2009

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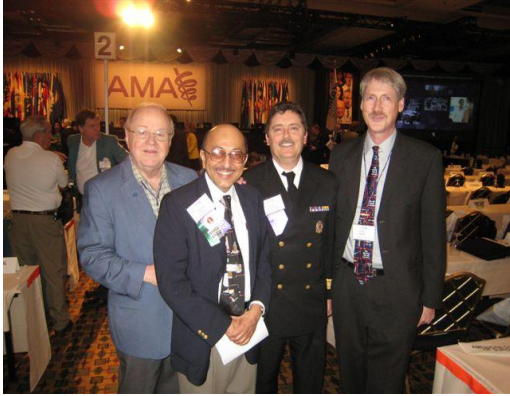
****About AAPHP E-News****

***Thank you to Joseph L. Murphy, MD for the pictures from the AAPHP Meeting*

1) AAPHP Annual Meeting and AMA Meeting in Chicago, June 13 -17

- 1a) Summary of Highlights as Submitted by Drs. Goyal and Sherin

Here is the report from the AAPHP delegates from the recently concluded AMA meeting in Chicago, 6/13/09-6/17/09:



Joseph Murphy, MD, Arvind Goyal, MD, James Galloway, MD, Assistant Surgeon General, Kevin Sherin, MD



Speaker: Dr. Rodney Hood

1. The AAPHP was granted a full 5 year representation as a specialty in the AMA House of Delegates. Thanks to our President, Dr. KEVIN SHERIN and our Office Manager, Ms. SANDY MAGYAR for their help in completing that application, and your delegates for their guidance and legwork.

2. The AMA Medical Specialty Showcase for Medical Students was a tremendous success. DR. KEVIN SHERIN, our current President, Dr. DOUG MACK, our esteemed past president and IBRAHIM SHAMSI, a third year medical student from Midwestern University and an AAPHP member volunteered to "man" the AAPHP table. They both seemed to enjoy talking to the medical students who visited and remained focused on our mission. Some of those visiting indicated **they will think about a career in Public Health.** And **13 students became AAPHP members** on the spot! Next year's event will probably be scheduled on June 12, 2010 and I am assured we will be invited again to participate.

3. Our AAPHP Annual Meeting attracted 31 physicians and 23 of those stayed to hear Dr. RODNEY HOOD's excellent presentation on Disparities and Health Reform. The event was publicized via the AAPHP e news, e mail notices to all members of the Commission to End Health Care Disparities, a flier placed on the tables of all members of the AMA House of Delegates and by word of mouth, especially by our President, Dr. SHERIN, Vice President, Dr. NEIL WINSTON, as well as your delegates. All non members in attendance received a member application along with materials pertaining to the AAPHP's mission statement. It is amazing that **all 3 candidates for AMA council elections, who visited and explained their agendas at the AAPHP meeting, were later elected.** Congratulations to AAPHP member, Dr. ILSE LEVIN (Council on Science and Public Health), AAPHP member, Dr. MICHAEL DEREN (Council on Constitution and Bylaws) and President Elect of the National Medical Association, Dr. WILLARDA EDWARDS (Council on Constitution and By Laws). Congratulations to DR. GLADYS BRANIC, past member of AAPHP, for 20 years of service to Manatee County Health Department (FL) upon her retirement.

3a. AAPHP Board Elections: The report of the AAPHP Nominating Committee (DR. TIMOTHY BARTH, President Elect and Chair of the Committee, and DR. JOSEPH MURPHY, our Alternate Delegate and now Vice Chair of the AMA's Senior Physician Group) was adopted unanimously. Drs. QUENTIN YOUNG, MARY ELLEN BRADSHAW and SHARON MARABLE were re-elected to new Board terms (3 year terms). New Board members are Drs. DENNIS MALLORY (3 year term), DOUG MACK (3 year term) and JOHN MONTGOMERY (fill a one year vacancy). President, Dr. SHERIN recognized outgoing Board members, Drs. JOSH LIPSMAN, SINDY PAUL and CAMILLE DILLARD for their service to AAPHP, and thanked them for their leadership.



Dr. Linda Morgan, Michelle Morgan, Dr. Diana Ramos,
PH Officer in LA.



Carolyn Britton, MD, President, National
Medical Association

4. All our 5 resolutions were adopted by the AMA with minor and clarifying amendments, many of them made by your delegates based on member input. We were supported in our efforts by the Section Council of Preventive Medicine and the Specialty Services Society. Your Alternate Delegate, Dr. MURPHY participated as a member of the Reference Committee D, which considered 4 of our 5 resolutions;

*** Resolution 419: Oppose Sale of Tobacco Products in Pharmacies was adopted as originally presented.**

*** Resolution 420: Study of Appropriate Use of Electronic Cigarettes in Smoking Cessation Programs was adopted as originally presented.**

Some AMA members were opposed even to the study and significant debate was heard on both sides of the issue in the Reference Committee as well as the House of Delegates before approval.

*** Resolution 421: Strengthen State and Local Health Department Pandemic Response Capacity was adopted with amendments.**

The amended language follows:

Resolved that our AMA urge the Department of Health and Human Services Emergency Care Coordination Center, located within the Office of the Assistant Secretary for Preparedness and Response, in collaboration with the leadership of the Centers for Disease Control and Prevention, state and local health departments, and the national organizations representing them, to urgently assess the shortfall in funding, staffing, vaccine, drug, and data management capacity to prepare for and respond to an influenza pandemic or other serious public health emergency (Directive to Take Action); and be it further

Resolved that our AMA urge the president and the Congress to take rapid action to provide the necessary funding and other resources to bolster the infrastructure and capacity of state and local health departments to effectively prepare for, respond to, and protect the population from illness and death in an influenza pandemic or other serious public health emergency. (Directive to Take Action)

*** Resolution 520: Disease Transmission via Foods: Public Health Disaster in Waiting was adopted with amendments.**

The amended language follows:

Resolved that our AMA publicly call for enhancement of the protocols, authority, oversight and funding as well as encourage public health leadership, at the federal agencies charged

with regulation of the food industry and maintenance of a safer food supply; and monitor the success of such efforts (Directive to Take Action); and be it further
Resolved That our AMA support transparency, and tracking of foods from the point of origin to the point of sale, as well as timely coordination in activities of multiple federal agencies involved in the regulation of the food industry and maintenance of a safer food supply
Adopted as Amended with report back at the 2010 Annual meeting.

***Resolution 426: Flu Protection Guidelines for Airline Travel was adopted with amendment.**

The amended language follows:

Resolved, that our AMA support the efforts of the Centers for Disease Control and Prevention to develop and disseminate guidelines on influenza and other contagious pathogens for all airline personnel and passengers.

5. Your delegates also had the honor of listening to President OBAMA's speech on health care reform and further participating in the debates on the positions that the AMA subsequently adopted. Please call or e mail me or go to the AMA Web site for details of other public health resolutions and reports that were adopted.

6. Please be thinking of more resolutions to bring before the next AMA meeting starting November 7, 2009. The deadline for introduction of resolutions is usually 30 days before the meeting. Remember, AMA's support of our public health agenda makes us stronger and more effective.

I and your Alternate Delegate, Dr. JOE MURPHY are delighted and honored to represent you at the AMA.

Thank you for your confidence and trust in our abilities.

Respectfully submitted by ARVIND

Arvind K. Goyal, MD, MPH, CPE, FAAFP, FACPM
AAPHP Delegate to the AMA
847-921-3683
arvindkgoyal@aol.com

1b) PCAN Award

The Primary Care Access Network (PCAN) of Orange County, Florida was given a Best Practice Award by AAPHP at its June 13 meeting in Chicago. This network of safety net healthcare providers coordinates and facilitates a full range of primary care, specialty care, acute care, behavioral health, dental care and ancillary services being served in twenty-some locations by more than a dozen providers. The program has grown from 5,000 unduplicated patients in 2000 to 100,000 this last fiscal year – all with a Medical Home. For additional information and a copy of the PCAN award slide set, please contact Dr. Sherin at Kevin_Sherin@doh.state.fl.us.

2) Tobacco

2a) FDA/Tobacco Bill now law

The FDA/Tobacco bill has been passed by the House and Senate and signed by President Obama. In a political tour de force, Campaign for Tobacco Free Kids, in collaboration with Altria/Philip Morris have secured the endorsement of 1,000 health related groups and large majorities of both House and Senate. Incredibly, this bill will accomplish exactly the opposite of what was intended. Shortly before Senate passage of the bill, the Congressional Budget Office projected that the regulations to be promulgated in this bill will result in an 11% reduction in youth smoking and a 2 percent decline in adult smoking over the next decade. We believe these estimates are overly optimistic –but, even if accurate, these are small

marginal changes, no more than continuation of previous trends. Within hours of Senate passage of the Bill, Altria/Philip Morris proudly announced that they were already in full compliance with all anticipated governmental health and safety standards. They also announced their intention to immediately challenge the restrictions on marketing of tobacco products. They then announced the launch of a new and more potent menthol cigarette. Wall Street analysts have issued new projections of strong Altria/Philip Morris cigarette profits along with dire financial projections for smaller cigarette companies and those making lower-risk smokeless products.

Hopefully, when the FDA finally gets its regulatory act together, it will recognize and perhaps be able to move the regulatory process in the direction of public health benefit.

From my (JLN) perspective, the following factors conspired to result in the passage of this disastrous bill: 1) in their zeal for a legislative victory, the primary proponents of this bill circulated an inaccurate summary of the bill and made unsubstantiated claims as to its potential benefits. 2) Altria/Philip Morris, as participant in the drafting of this bill, was both skilled and relentless in securing competitive advantage of its Marlboro brand cigarettes against both other cigarette manufacturers and against competition from other tobacco products. 3) A zealous but misguided approach to this bill by Campaign for Tobacco Free Kids settled for ineffective marketing controls and imposed de-facto bans on the introduction of lower risk tobacco products. 4) This misguided approach was supported by those within the medical and public health communities who, despite substantial evidence to the contrary, oppose any consideration of harm reduction to help reduce tobacco-related illness and death among current smokers.

Harm reduction is encouraging cigarette smokers unable or unwilling to quit – to switch to lower risk smokeless products or alternative nicotine delivery devices as a means of reducing their risk of tobacco-related illness by 95% to 99.9%. Opposition to harm reduction is opposed by those who fear that such a policy will balloon the numbers of teen who initiate nicotine use and those who fear that harm reduction would move us away from our eventual goal of a tobacco-free society. Neither of these fears is likely to be true.

The research we have done as the Tobacco Control Task Force of AAPHP has been and will continue to be accessible on the Tobacco Issues page of the www.aaphp.org web site, and through our new tobacco issues blog.

2b) AAPHP Tobacco Blog

Your AAPHP Tobacco Control Task Force has worked diligently these past two years to try to secure changes in the legislation that would address the major flaws, but with little success. Our focus will now shift to the regulatory process within FDA, with hopes of guiding the regulatory process in the direction of public health benefit. The currently anticipated focus, supported by remarks by Secretary Hamburg, is making cigarettes safer by reducing the concentration of specific toxic substances. Currently available science strongly suggests that such an approach cannot possibly reduce cigarette-related illness and death by more than 1% or 2%. The Blog is at www.aaphptobacco.wordpress.com

2c) Kid Rated Movies

The world just changed for kid-rated movies with smoking. On June 1, the United Nations' health authority, the Geneva-based World Health Organization (WHO), declared in a new global report:

"Any future film with tobacco imagery should be given an adult rating, with the possible exception of films that reflect the dangers and consequences of tobacco use or depict smoking by an actual historical figure who smoked."

Giving future films with tobacco imagery "adult" status ("R" in the US, "18" in the UK, "A" in India, and so on) will permanently and substantially reduce adolescents' on-screen tobacco exposure - averting hundreds of thousands of tobacco deaths in the United States and millions more around the world.

An estimated 95% of US films are exported. Many only become profitable in overseas distribution. In the future, the only way to make certain that US films can reach young audiences everywhere will be to make these movies smoke free.

To future-proof movies, calibrate tobacco imagery the same way filmmakers now routinely calibrate sex, violence and language. It's that simple.

According to WHO, films with smoking already in distribution should trigger strong anti-tobacco spots in theaters, on DVD, cable, satellite and other channels. It also advises barring all tobacco brand display and requiring producers to certify that their smoking films are free of tobacco payoffs.

Already, nations around the world are taking regulatory action to protect the largest generation of kids in history.

Producers and directors invest years in a movie. To give every youth-rated film project a chance to find its largest audience and keep on earning, just leave out the smoking.

And welcome the world. Smoke Free Movies

3) Swine Flu

- 3a) WHO Declares Pandemic
- 3b) Funds for H1N1 Response
- 3c) Swine Flu Information Resources

The following informational resources are recommended to stay up to date on the Swine Flu:

Influenza A (H1N1) Legal Resources. The CDC Public Health Law Program has developed a collection of legal resources, including primary state documents, related to the H1N1 outbreak. Visit <http://www2a.cdc.gov/phlp/H1N1flu.asp> and contact Rachel Weiss, rweiss@cdc.gov, to share documents or other resources.

www.cdc.org is the best single resource. There is a Swine Flu link on the home page with current data, links, policy guidelines, etc.

www.aafp.org (American Academy of Family Physicians) has free articles dealing with "Basic Rules of Influenza: How to Combat the H1N1 Swine Flu Virus," "Telephone Triage of Patients with Influenza," and "Preparing your Office for an Infectious Disease Epidemic."

www.promed.org This international organization dealing with infectious diseases offers e-mail subscriptions by which one can secure e-mail notification of infectious and communicable diseases free of charge. This will often result in multiple e-mail messages per day covering the full range of infectious diseases on a global basis.

www.hsph.harvard.edu (Harvard School of Public Health web site) has daily policy and research updates, a page devoted to H1N1 news, and an e-mail update service with subscriptions available at update@hsph.harvard.edu.

4) Other News and views

4a) Iron Disorders Awareness Month (July)

July is National Hemochromatosis Awareness Month. This is a potentially Fatal Disorder that is the most common genetic disease in the Northern Hemisphere. The PDF of the Iron Disorders Institutes peer review chart contains up-to-date treatment protocols & information about this disorder see www.irondisorders.org

4b) Food Safety Report

Food Safety Report. The Food Safety Research Consortium has released *Stronger Partnerships for Safer Food: An Agenda for Strengthening State and Local Roles in the Nation's Food Safety System*. To view the full text of the report, visit http://www.thefsrc.org/State_Local/Stronger_Partnerships_Report.pdf.

4c) Food Safety Article

[Hoping to make food safer, states decide to go it alone](#) (subscription required)
Wall Street Journal (05/12/09) Jane Zhang

State and local lawmakers are adopting tough new food safety laws to address concerns raised by recent outbreaks of food-borne illnesses across the nation. Georgia, Idaho, and Oregon are among at least a dozen states working quickly to enact laws that would authorize licensing fees to help pay for food safety inspections, improve food processor internal testing report times, and increase fines for food safety violations. But food industry groups have voiced concerns that a patchwork of regulations will create costly and unnecessary hassles for food makers and distributors. "It's a good thing states are trying to raise the bar and improve food safety, but it needs to be looked at carefully," said Robert Brackett, of the Grocery Manufacturers Association, a trade group. "It should really lead to a national system." Consumer groups applauded the states' efforts, while state lawmakers recognized the need to strengthen protections in their own jurisdictions. "It's a tremendous public health issue," said Oregon State Sen. Ginny Burkick. "We have to provide strong incentives for the whole food chain to behave responsibly and protect the public's health."

4d) Infection Control Cutbacks

Many hospitals are addressing budget deficits by cutting back on infection-control efforts. [American Medical News](#) (6/22, O'Reilly) reports that many hospitals are cutting "back on infection-control efforts," and experts say such "budget cuts could hurt patients and cost hospitals money over time." Specifically, "four in 10 infection-control professionals," or "infection preventionists," said they have "seen staffing or resource cuts in the last 18 months," according to a survey by the Association for Professionals in Infection Control & Epidemiology. Of approximately 2,000 respondents, more than "half said their budgets were reduced"; and nearly "40 percent of the said cutbacks have reduced their departments' ability to focus on infection prevention." Moreover, at present, "30 states have laws requiring public reporting of hospital-associated infections"; and more than 50 percent of infection preventionists "said these mandates have forced them to spend more time entering data and less time training health professionals and making rounds."

4e) Increase in Colorectal Cancer

Investigators note increased incidence of colorectal cancer among adults under 50. The [Los Angeles Times](#) (6/22, Adams) reports, "Colorectal cancer rates are rising in adults under age 50," American Cancer Society investigators said. They found the "rate in white

men ages 20 to 49 was 8.4 cases out of every 100,000 people in the period 1992 to 1995," but "ten years later (2002-05), the rate had risen to 10.2 -- a 21 percent increase." Among white women, there was "a 28 percent increase," and in the Latino community, "the increases were 33 percent for men in this age group." This was not seen among "African Americans, but the incidence of colorectal cancer in that group is higher than in whites or Latinos." It has been suggested that "the increases may be caused, at least in part, by changes in the American lifestyle." Nonetheless, the "good news is that overall, rates of colorectal cancer have been declining in the US for more than a decade -- the result of widespread screening." And, the "risk in younger adults is still low compared with those over 50: Fully 91 percent of new cases are in people 50 and older."

4f) Health System Changes Needed to Address Type 2 Diabetes in Children

Experts call for sweeping health system changes to help treat, end symptoms of type 2 diabetes in children.

[USA Today](#) (6/22, Marcus) reports, "An increasing number of children are being diagnosed with type 2 diabetes, a condition medical experts blame on a culture steeped in junk food and inactivity that has led to more obese kids." According to experts, "aggressive early treatment and lifestyle changes can help, and even snuff out disease symptoms, but more sweeping healthcare system changes, including better health insurance for older teens and people in their 20s, are required for young diabetics to age into healthy older adults." Melinda Sothorn, professor of public health at Louisiana State University Health Sciences Center, notes that "there are various theories about why type 2 diabetes is appearing in greater numbers in the young now." Sothorn explains, "We have a new generation of children who are metabolically different. We think there's been a series of genetic mutations...over the last few generations that have led to this." She added that "large-scale government programs at the preschool level...are needed to reverse the habits of a junk-food nation and curb the disease." Dissemination

4g) Nestle Cookie Dough Recall

Nestle recalls cookie dough rolls after E. coli outbreak.

[ABC World News](#) (6/21, story 6, 2:05, Muir) reported, "At least 65 people nationwide have been sickened by [a] dangerous strain of *E. coli*, including 25 who were hospitalized," presumably after eating Toll House cookie dough. The outbreak prompted Nestle executives to voluntarily "recall packages of" its refrigerated rolls. But, "how the bacteria, which is usually carried in animal feces, might have gotten into the cookie dough is a mystery." Now, "federal microbiologists and food safety investigators" are on the case, the [Washington Post](#) (6/21, Layton, Strauss) added. CDC and FDA officials "have descended on the Danville, VA, plant that makes Nestlé's refrigerated cookie dough, trying to crack" the "mystery surrounding...*E. coli* 0157."

5. Membership services:

Sandra Magyar of Green Cove Springs FL has been contracted for membership services. We look forward to rapidly getting your 2009 dues notices to you if you have not already received them and joined. It helps AAPHP with transaction costs if we can do this electronically. Please send your PREFERRED email address to Sandy at magyarsf@bellsouth.net . Remember, renewal of your dues membership, and updated information for AAPHP is vital as we are re-authorized by the AMA in the next two months! Sandra needs your help in reaching others in your agency, city, state or other agencies. If you provide her with contact information, she will send an invitation to join. However, getting your peers to join is also dependent on you sharing the benefits of AAPHP and the work we are doing. Keep an application with you and make an effort to get at least one new member. THANKS.

6. Please let AAPHP help you – AAPHP is the voice of public health physicians and welcomes all physicians who are committed to the public's health.

AAPHP accomplishes its work with a maximum of volunteer labor and a minimum of cash expense. We are proud to make the E-News and other AAPHP materials available without charge to physicians and medical students interested in public health.

If you haven't done so already, please download AAPHP's 2009 Membership Form right away at <http://www.aapHP.org/Membership/2009MembForm.pdf> and send it to us by fax or postal mail. Please make your 2008 membership as generous as you can. Consider "Supporting" or "Sustaining" membership for 2009 if you are able to do so.

AAPHP is a 501(c) (6) professional membership organization that informs and represents Public Health Physicians. AAPHP dues may be deductible as an "ordinary and necessary" business expense under the Internal Revenue Code. Details may differ based on your individual situation.

AAPHP dues can be paid by credit card -- either by faxing the membership form to Sandy Magyar, Membership Secretary at (904) 529-7761 or by calling her at (904) 860-9208.

Please also tell your friends and colleagues about AAPHP's representation of Public Health Physicians. E-News subscriptions are still free, on request, to any interested physician or medical student. We welcome new subscribers and members. Thank you for your support!

Kevin Sherin, MD, MPH AAPHP President-elect and
E-News Editor

7. To contact E-news: On an interim basis, Dr. Joel Nitzkin will be serving as interim editor of the AAPHP e news, Dr. Nitzkin can be reached at jln-md@mindspring.com, or, by phone at 504 606-7043.

***** About AAPHP E-News *****

This message is an electronic update from the American Association of Public Health Physicians (AAPHP) to public health physicians. More information about AAPHP is at <http://www.aapHP.org>.

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