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## American Association of Public Health Physicians

### E–Bulletin

August, 2011

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

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## President's Report

*Below is Dr. Barth's report at the AAPHP Annual Meeting via conferencing into the meeting as he was unable to attend in person*

It is my pleasure to report two successes by our organization in the broader national arena: As many of you know from national news accounts in late May, the Supreme Court published its decision in *Brown (Schwarzenegger) v. Plata*, the case in which we signed on as *amici* last fall. The Board joined other national, health professional, physician and public health organizations in a friend of the court submission that supported the class of Plaintiffs in the case, inmate Plata and others, against the State of California Department of Corrections.

Also of note is that the FDA decided earlier this year to regulate E-cigarettes as tobacco products. This decision, in part, was prompted by other judicial decisions against the FDA, although it was also part of the relief sought in our petitions filed with the FDA in early 2010 in support of harm reduction initiatives.

It is reassuring to know that our organization's advocacy positions in furtherance of the public's health have gained wider acceptance both in the arenas of another judicial precedent for correctional health care services and the evolution of government regulatory authorities.

Timothy P. Barth, MD, CCHP

## President Elect's Report

Epidemiology, economics, ethics and law are foundations of public health practice. Economics is the study of what people choose to do, often in their self interest. At this time, economics is our greatest challenge at both a macro and micro level. As I write this, our country is debating hard choices about the debt ceiling and our borrowing.

No matter what choices are made, both we in public health and the citizens we serve will suffer real consequences unless we reinvent ourselves. We currently have insufficient monetary resources to meet all needs. Local and state governments are already making painful cuts. The federal government is next. Which of the ten essential services of public health are least essential? Do we educate our children or care for our elderly?

The United States, a previous net energy and product producer, is now a net energy and product consumer. This situation is not sustainable even if we ignore the very real threats from global warming. To use an analogy from the life sciences we are essentially in a death spiral rather than a renewable life cycle. Each non-domestic fuel and "thing" we use sends money outside our country. Some money doesn't return. Some money goes to countries and individuals that are not altruistic and drains the money needed to provide education, public health and other governmental services.

Our previous solution --federal debt-- is no longer sustainable. The solution lies in conservation and transitioning from an economic model based upon consumption to one that is based upon the production of health and happiness. We as a society can and will need to make large changes in how we live, work and play in order to sustain a healthy environment while supporting ourselves and our families.

Car pooling and tele-commuting are two ready viable solutions to decreasing our energy consumption but they require flexibility on the part of employers. Local purchases and services sustain our local economies much better than the purchase of un-necessary things transported using fossil fuels from far off lands. Money spent locally multiplies as it is passed person to person.

Other solutions require more creativity and imagination. A traditional public health problem --feces-- is being turned into energy in a number of locations around the world. Each project is different and in at least one location, both electricity and compost are being produced. The common thread is that in each case a problem became a solution.

Longtime AAPHP member Erica Frank MD MPH is Founder and President of Next Generation University, the world's first free university ([NextGenU.org](http://NextGenU.org)). Next GenU is cost, barrier, ad, and carbon -free. Dr. Frank will be presenting to us remotely, so we too can learn while minimizing our carbon footprint.

Every little bit helps. Rather than drive a car alone, 30 miles in each direction using 2 gallons of gas each day. I walk a minimum of 1.6 miles and use a train, bus and car pool. I am controlling my weight, gaining muscle and am generally much healthier than if I had driven. I can also read, compose and email while someone else drives. On a micro-economics level this is a win-win. I am consuming less energy and producing health.

I hope that we as an organization will be able to make some positive contributions. We have members in clinical practice, administration, government and academia. Our differences are our strength. Our website, [aaphp.org/economics](http://aaphp.org/economics) is ready and available for discussion. You can contribute from wherever you are. We can either keep fighting for a larger piece of a shrinking pie or we can help grow the economy with purchases and activities that support our local economies and/ or improve the public health.

*Virginia Dato, MD,MPH*

## AAPHP Annual Meeting Highlights – June 18, 2011

### **AAPHP Delegates' report**

1. The AMA Medical Specialty Showcase for Medical Students was a tremendous success, third year in a row. Drs. Doug Mack, Dave Cundiff and Virginia Dato volunteered to represent the AAPHP at the table. Thanks to their conversations with the Medical Students who visited, several of them became new members of the AAPHP.

2. Our AAPHP annual meeting took place June 18. The minutes of that meeting will be submitted by our esteemed Secretary, Dr. Charles Mashek.

3. Your delegates appreciated the marvelous supporting testimony and wise counsel at the reference committees provided by our board members, Drs. Doug Mack and John Montgomery and members Ilse Levin and Diana Ramos on several of our resolutions. As you would recall we had submitted a total of 3 resolutions for consideration at this meeting, one of which was affirmed, one adopted as written and one referred to the AMA Board/Councils as asked for in our resolution.

4. Resolution # 423, *Maintaining AMA's Commitments to Public Health and Correctional Health Care*, had asked:

That our AMA House of Delegates recognize our American Medical Association's contributions to public health and correctional health care to date and via its participation on the National Commission on Correctional Health Care Board, and encourage the American Medical Association to maintain these commitments which continue to benefit the medical care and well being of disadvantaged individuals who are incarcerated in the correctional institutions nationwide.

The above resolution was adopted on the Reaffirmation Consent Calendar without debate.

5. Resolution # 119, *Health Insurance Differences Contribute to Health Care Disparities & Poorer Outcomes*, had asked:

That our AMA affirm its support for elimination of health care disparities caused by differential treatment based on insurance status of Americans, and

That our AMA ask the NMA, the HNMA and other member organizations of the Commission to End Health Care Disparities to specifically address in its mission, advocacy and actions, the contribution of differences in insurance status to health care disparities, and

That our AMA urge the Agency for Healthcare Research and Quality (AHRQ) to specifically investigate the impact of insurance based segregation of Medicaid patients in different settings on racial and ethnic health care disparities and make appropriate evidence-based recommendations, and

That our AMA provide a report back on the progress of its efforts at A-2012 AMA House of Delegates meeting.

All 4 resolves were adopted as written.

6. Our Resolution # 420, *Dietary Intake of Incarcerated Populations*, submitted at the 2010 Annual meeting, had been referred to the Council of Science and Public Health based on their stated interest in submitting a report after consultation with the American Dietary Association. The Council came back with their recommendations at this meeting:

That our AMA urge the National Commission on Correctional Health Care, the American Correctional Association, and individual states to mandate adherence to the current Dietary Reference of Intakes and Dietary Guidelines for Americans (with adjustments as needed, for special populations) as a criterion for accreditation and/or standard compliance, until national dietary guidelines specific for the adolescent and adult incarcerated populations become available, and

That our AMA urge the Food and Nutrition Board of the Institute of Medicine to examine the nutrient status and dietary requirements of incarcerated populations and issue guidelines on menu planning for adolescent and adult incarcerated populations. Your delegates happily supported those recommendations which were adopted.

7. Our previous resolution introduced and adopted at the November 2010 Interim AMA Meeting on *National Health Service Corps, Stronger AMA Representation in Decision Making Process*, resulted in the AMA Board Report 10 at this meeting. That report served to assure of AMA's commitment to work with the HRSA to encourage collaboration among NHSC representatives, public health and other specialty physicians, and medical students to pursue the goal of increasing popularity of, and enhancing, the NHSC program. The Board agreed to keep the House of Delegates informed of new developments on this issue. Your delegates would have preferred a specific report back next year; however, the parliamentary procedures did not allow that to happen.

8. As many AAPHP members had expressed concerns regarding Government Interference in Firearm Counseling attempted in Florida, your delegates testified in strong support of the 2 existing resolutions which resulted in the following recommendations:

Our AMA vigorously and actively defend the physician-patient-family relationship and actively oppose state and/or federal efforts to interfere in the content of communication in clinical care delivery between clinicians and patients, and

9. And, finally, Congratulations are in order for our Alternate Delegate and AAPHP Board member, Dr. Joseph Murphy who finished his very successful one year term as Chair of the AMA's Senior Physicians Group at this meeting. Dr. Murphy was appreciated by his colleagues for bringing in many public health concepts in the work of senior physicians.

10. This may be as good a time as any to think and share with us at [arvindkgoyal@aol.com](mailto:arvindkgoyal@aol.com),

your ideas that can be translated into resolutions for consideration at the next AMA meeting in November 2011 in New Orleans. AMA's support of our public health agenda makes us stronger and more effective. The deadline for introduction of resolutions is usually a month in advance of the meeting.

Respectfully submitted by  
ARVIND

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## Nominating Committee Report

The nominating committee nominated Ryung Suh, MD, MPP, MBA, MPH for the single vacant office of Trustee. Dr. Suh is a lifetime member of AAPHP and currently Chief Executive Officer of Atlas Research LLC. In addition Dr. Suh is an Associate Professor of Health Systems Administration at Georgetown University and on the medical staff of Walter Reed Hospital in addition to other institutions. Dr. Suh has served on the NCCHC board of directors, as well as ACPM's policy committee and their business development committee. He has also served as chair of ACOEM's federal and military medicine section, as president of APMR, and in a variety of roles within AMA, including the CPT Editorial Panel Advisory Committee. Dr. Suh was elected at our June meeting in Chicago.

The next election will be in June of 2012. At that time we will need to present nominations for President- Elect, and a number of other officers and trustees. Members interested being nominated for or in serving on the nominating committee should contact Virginia Dato MD MPH, current President-Elect at [vmdato@aaphp.org](mailto:vmdato@aaphp.org).

## **AAPHP Officers Attending the Annual Meeting**



Front: Drs. Charles Mashek, Virginia Dato, Ellen Alkon, Joseph Murphy.

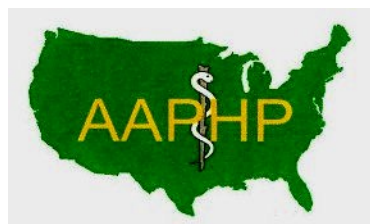
Back: Drs. Arvind Goyal, Doug Mack, Dave Cundiff, Alfio Rausa, John Montgomery.

*(picture provided by Dr. Joseph Murphy)*



## **AAPHP Upcoming General Membership Meeting - 10/30/11**

An interim meeting of the American Association of Public Health physicians will be held in Washington DC in association with the American Public Health Association meeting. We are scheduled to meet on October 30, 2011, at the Renaissance in Meeting Room 6, from 2 until 5:30 PM. We are currently working on the agenda which will include votes on possible bylaw changes and the dues structure for 2012. In addition we will have time to devote to topics of importance to Public Health Physicians. What topics are you interested in discussing? Are there policies that you would like AAPHP to endorse? Help us use our time to its fullest by contacting President - Elect Virginia Dato ([vmdato@gmail.com](mailto:vmdato@gmail.com)) with your suggestions.





## Photo Highlights from the AAPHP Annual Meeting

*Photos provided by Dr. Joseph Murphy*





## Recent Tweets Of Interest

The originals are at <http://twitter.com/#!/AAPHP>

UNC Public Health

RT @JamesSMarks48: Powerful statement by the Academy of Pediatrics re banning advertising of junk food to kids. <http://bit.ly/oSe8KD>

Steve Case

Can We Be Trained to Like Healthy Foods? <http://bit.ly/nh1P5Z> "New research investigating how to rewire our bad dietary habits"

APHA

New guide from CDC aimed at preventing infections in outpatient settings: [goo.gl/QcqEc](http://goo.gl/QcqEc)

RWJF PublicHealth

"We have a huge interest—a business imperative—to be investing in the health and productivity of our workforce." <http://bit.ly/qnAAoy>

AAPHP

Looking for healthy and enjoyable foods? Consider the DASH diet. [nhlbi.nih.gov/health/public/...](http://nhlbi.nih.gov/health/public/...)

WebMD

How to tell what bug bit you. <http://bit.ly/hTebYA>

ASTHO

CDC Investigation Update: Outbreak of STEC O104:H4 Infections Associated with Travel to Germany [tinyurl.com/5rtdrxs](http://tinyurl.com/5rtdrxs)

AAPHP

Antibiotic resistant gonorrhea infections [cdc.gov/std/gonorrhea/...](http://cdc.gov/std/gonorrhea/...) are a reason we need effective local health departments.

AAPHP

Physical activity makes sense for everyone. [cdc.gov/physicalactivi...](http://cdc.gov/physicalactivi...)

Kevin Pho, M.D.

How primary care physicians can improve health and lower costs

<http://is.gd/xlbmFE>

Craig Andrade, DrPH

"Our national obsession with weight is hurting us." Health, not weight: On shifting the conversation via @PsychToday [psychologytoday.com/blog/brave-gir...](http://psychologytoday.com/blog/brave-gir...)

Maureen Linke

Mammogram schedule should be customized, study finds <http://usat.ly/r8xIZD>

10 Jul

NYTimes Health

German E.Coli Sickens 8 in France <http://nyti.ms/iYtyIK>

25 Jun

Nicholas Kristof

Noreen Connolly's win-a-trip blog on African veggie gardens to battle malnutrition: <http://nyti.ms/jBsxXD>

RWJF PublicHealth

"If we tackle these issues, we'll be able to improve population health like never before" <http://bit.ly/mrnqK4> #Aphamid11

NPPTL ProtectiveTechnology

NIOSH Factsheet on CBRN Self-contained Breathing Apparatus

<http://go.usa.gov/WWo> #SCBA #PPE "All Hazard"

AAPHP

Informative article - "30 Years In, We Are Still Learning From AIDS"

[http://www.nytimes.com/2011/05/31/health/31aids.html?\\_r=1](http://www.nytimes.com/2011/05/31/health/31aids.html?_r=1)



## AAPHP Newsletter Editor Wanted

Want to get involved with AAPHP? Consider the newsletter. We are looking for a member who wants to help take this newsletter to the next level. Is that you? Please send an email if you are interested to President Tim Barth ([tbarthmd@umich.edu](mailto:tbarthmd@umich.edu)) or President Elect Virginia Dato ([vmdato@gmail.com](mailto:vmdato@gmail.com))



## AAPHP E Bulletin Contact Information

\*\*\*\*\* About the AAPHP E-Bulletin \*\*\*\*\*

This message is an electronic newsletter from the American Association of Public Health Physicians (AAPHP) to AAPHP members. More information about AAPHP is at <http://www.aaphp.org>.

AAPHP makes this electronic newsletter available on its website—AAPHP.org. Members are sent the newsletter directly via email. If you like what you have been reading and want to become a part of AAPHP, you can join directly on-line from the website or download a copy and mail it to the address on the form or fax it.

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