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Feb. 22, 2013.... AAPHP Meeting

Dr. Gibson New Board Member

Fall Meeting
In San Francisco

New Category for Young Physicians

## American Association of Public Health Physicians

## E-Bulletin

December, 2012

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



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## 1. MEETING ANNOUNCEMENT

AAPHP will be meeting on **Friday Morning February 22, 2013** from 8AM to 10 AM. The meeting will be available by phone at Dial-in Number:1-712-432-3066 conference code 280904 or in person at POINTE HILTON TAPATIO CLIFFS RESORT 11111 North 7th Street Phoenix, Arizona 85020 <a href="http://www.tapatiocliffshilton.com/">http://www.tapatiocliffshilton.com/</a>. The meeting room will be posted on the electronic Bulletin Board and is tentatively Courtroom N. Members attending in person might also consider attending some or all of Preventive Medicine 2013 <a href="http://www.preventivemedicine2013.org/index.html">http://www.preventivemedicine2013.org/index.html</a>

## 2. NEW MEMBERSHIP CATEGORY APPROVED

The AAPHP Board and membership approved a new membership category – Young Physicians. Any physician who is under the age of 40 or within 8 years of their residency will qualify for this category. The dues are only \$25. Knowing the financial commitment of just getting started and having finished school and residency is usually significant, AAPHP felt that it was important to get our younger physicians involved in this professional organization. And reducing the fees for a short time, was one way we could reach out to these young men and women. The category offers all the same benefits as all the others.



# 3. ACA LECTURE NOW ONLINE

The Education Session "Challenges and Opportunities for the Public Health Physician in the Affordable Care Act" presented at our fall meeting by Jonathan Weisbuch MD MPH as Presenter and Sophia Yen MD MPH as respondent is now online. The session can be heard in its entirety on our new webpage devoted to the accountable care act – http://www.aaphp.org/aca.

# 4. ONE HEALTH INITIATIVE UPDATE

Although AAPHP has long been a supporter of the One Health Initiative, we have a number of exciting new developments.

- 1) One Health Initiative Board Member and AAPHP Delegate Kevin Sherin MD MPH MBA has requested that AAPHP members help encourage their medical societies to sponsor One Health Resolutions. "One Health is critical for public health and is now endorsed by the AMA and several state medical societies, Massachusetts and Florida. It will be helpful if it is noted and endorsed at the state levels to foster greater scientific, and practice cooperation between the medical and veterinary communities. "Resolutions passed by the Florida and Massachusetts Medical Societies along with other helpful information is available at <a href="http://aaphp.org/OneHealth">http://aaphp.org/OneHealth</a>.
- 2) Lifetime member Laura Kahn MD MPH MPP has graciously agreed to be the official AAPHP liaison to the one Health initiative. Laura is a also member of the "One Health Initiative Autonomous pro bono Team" and is already reaching out to the American Association of Public Health Veterinarians to see if we can collaborate.
- 3) Our President's endorsement of One Health was picked up by the World Veterinary Association <a href="http://www.worldvet.org/node/10220">http://www.worldvet.org/node/10220</a>. AAPHP members who would like to be listed as individual supporters (or formally endorse) on the One Health Initiative website <a href="http://www.onehealthinitiative.com/supporters.php">http://www.onehealthinitiative.com/supporters.php</a> should email your CV and request to be listed to Bruce Kaplan DVM bkapdvm@verizon.ner

# 5. AMA Delegate and Alternate Delegate Report on The Interim AMA House of Delegates Meeting

Our AAPHP co-sponsored the full funding of the public health and prevention fund, resolution 211. It successfully passed the full house of delegates with lots of positive testimony, and in its original form, despite the adverse amendments of the reference committee. So we have the Lester Breslow Memorial and the co sponsorship of the restoration of public health and prevention funding as written in the affordable healthcare act as positive outcomes of this AMA interim meeting. Lester Breslow, MD left America the legacy of chronic disease epidemiology.

The resolution on cold turkey tobacco cessation, 912, was left with reaffirmation of existing AMA policy. It was heard in reference committee K and two AAPHP reps, Sherin and Nitzkin, provided testimony with support from ASAM and ACOEM, It will be revised for possible resubmission in June with change in wording for further precision, as "abrupt cessation". The resolution on tobacco harm reduction, 913, was not considered for this meeting since it was not advocacy or legislation and will be deferred to the June meeting. AAPHP will try to garner more advice from AMA staff in the future for further options for these two resolutions. We will seek other co sponsors from the section council or from state medical societies. (Resolutions link: <a href="http://www.aaphp.org/resolutions">http://www.aaphp.org/resolutions</a>S)

A discussion with Dr. Robert Nussbaum (UCSF; Genomics presenter at AMA), produced some interest in developing a resolution to encourage better reporting of genetic variations identified in genome labs, the import of which might be reported to the State PH Division of Epidemiology as potential diseases of PH importance. This idea is still being worked on, but it would be a way for the public health message to be considered by the AMA.

We also discussed in the SCPM the paper we presented to the BoT in 1994 concerning the role of PH and PM in the academic realm, the clinical and the research realm to expand the thinking among physicians of population medicine. The paper is relevant today, but deserves some modification and updating; Bob Orford, the SCPM Chair is considering presenting a updated version to the BoT in April.

The meeting was very productive in that both our Delegate and Alternate Delegate were able to reestablish old connections. We look forward to raising several other issues in the form of resolutions at the Annual Meeting in 2013.

Submitted by your Delegate Kevin Sherin, MD, MPH, MBA and Alternate Delegate Jonathon Weisbuch, MD, MPH

# 6. BOARD MEMBER BEING DEPLOYED TO MIDDLE EAST

Olugbenga O. Obasanjo, MBBS, MPH, PhD, let us know that he is deploying to the middle east for the US Army till next summer. Even though he will not be able to participate in face to face or phone meetings in that time he will continue to participate in online activities. I know everyone joins me in extending our prayers and best wishes for Dr. Obasanjo's safe return and to a rapid peaceful resolution to conflict in the area.

Dr. Olugbenga Obasnjo

# 7. AAPHP Welcomes New Board Member

Brent Gibson, MD, MPH, serves as Vice President of Operations for the National Commission on Correctional Health Care (NCCHC). His previous positions include serving as Clinical Director for the United States Medical Center for Federal Prisoners and as Vice President of Medical Affairs with a Washington DC-based management consulting firm. Dr. Gibson is a Veteran of the United States Army. He has served as Chief Medical Officer at a military industrial installation, as acting Service Chief at a tertiary care medical center, and as instructor of occupational medicine at a large military medical training facility. He has been awarded two Meritorious Service Medals for his work while on Active Duty and the Army Commendation Medal for service in the Army Reserve. He recently served as the Brigade Surgeon for the 89th Sustainment Brigade where he directly advises the Commander on all matters pertaining to medical readiness, treatment, medical logistics, and medical plans and operations. He has served as Teaching Fellow for the Uniformed Services University and as Adjunct Assistant Professor at Georgetown University. He currently serves as a reviewer for the American Journal of Preventive Medicine.

Dr. Brent Gibson

Now on the board

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# 8. Epidemiological Sense on Public Health Research and Publication from Dr. Kim Buttery

Over the last five years, preparing for my three courses each year at VCU, I read numerous research summaries each day which between them cover about 100 topics. I've noticed that many of them are repetitions of previously validated research and did nothing except enable the authors to get a PhD or tenure but do not advance the science of either healthcare of public health. Recently I have seen several articles, usually in the Lancet or the BMJ and occasionally in JAMA, that while referring often to the NHS could just as well refer to our health problems here in the United States. As those us in the AAPHP are concerned mainly about the public health impact of state and local departments I note that there are few articles in any of the prevention or epidemiology journals that provide examples of translational research in the community. Many of the things we do locally, such as it is new MCH programs focusing on preventing early deliveries or unplanned pregnancies, are great examples of translational research—but most published articles are academic reports which are limited in scope and rarely show that the authors have worked in a local health department. All of us in the Association have seen a program to improve public health performance, but few write about them. Similarly there are a number of environmental health specialists who function as either housing hygiene or food preparation that have applications generally valuable, particularly in overseas programs sponsored by the State Department. I noted in a recent set of articles from Johns Hopkins that were extolling their students contribution to the developing world that everything they talked about I had seen performed in local health departments as well as, or better than in the academic centers. In the past the APHA Journal had "notes from the field" running short one half to 1 page and could have been extended to several pages. I have published some of my work in the local health department on the way, over the last 30 years, but not enough. I urge each of you in the Association to think about publicizing what you do. We may have to talk to the ACPM and also the Journal of epidemiology about making space for us. We need to recommend to our members who sit on the boards of various organizations to use their good offices to spread the word of the activities of our members, particularly how these ideas can be used in other health departments both within the US and in developing countries. My mentor in the 1960s, Abraham Lilienfeld periodically published articles about poor epidemiologic content of 95 percent of research in the major journals. I have seen no change in the last 30 years. Most academics live in an environment that is not conducive to translational research in the community. We need to fill the gap.

For Dr Buttery's blog, it is available at <a href="http://blog.vcu.edu/cbuttery/">http://blog.vcu.edu/cbuttery/</a>.

# 9. FALL BUSINESS MEETING HIGHLIGHTS

The Fall meeting took place in San Francisco on October 28, 2012. Sixteen attended in person and three by telephone. ) A) Spring 2012 Membership Meeting Minutes were approved (available at http://www.aaphp.org/details

B) AAPHP TREASURER'S REPORT, 2011-10-01 to 2012-09-30:

## **CURRENT BALANCES:**

\$4,636.61 = Working balance, available to pay our current bills.

\$8,103.67 = Savings, to cover future costs of Lifetime members.

\$12,740.28 = TOTAL CURRENT BALANCES.

(Opening balance 2011-10-01 was \$12,940.64.)

FISCAL YEAR ACTIVITY, 2011-10-01 TO PRESENT (Budget for 12 months):

\$5,795.00 = Active Member dues (budget = \$9500)

\$1,422.92 = Premium dues & additional contributions (budget = \$1200)

\$1,235.00 = Reduced dues (retired, in-training, Associate) (budget = \$1000)

\$8.16 = Interest and other income (not budgeted)

\$0.00 = Transfer from savings for current expenses of Lifetime members.

\$8,461.08 = TOTAL INCOME, YEAR TO DATE (budget \$12,020)

\$6,545.00 = Management fees to CAM, Inc. (budget \$8100)

\$1,328.45 = Meeting fees and expenses (budget \$1000)

\$240.00 = Communications (budget \$1200)

\$547.32 = Bank fees & other admin (budget \$800)

\$8,660.77 = TOTAL EXPENSE, YEAR TO DATE (budget \$12,020)

\$8.16 = To savings (budget \$920)













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## TREASURER'S COMMENTS:

1: Opening balance artificially low, CAM had been paid thru 2011-10-31.

Details are in the "Details" sheet of "AAPHP 2011-2012.xls".

Respectfully submitted,

Dave Cundiff, MD, MPH, AAPHP Treasurer

C) Membership report Membership Report 10.28.12.pdf

Membership Report

October 28, 2012

Current Members = 127

Active 61

Active Young Physicians 1

Active Supporting 4

Active Sustaining 1

Lifetime 22

Non-Physician- Associate 4

Non-Physician - Medical Student 7

Physician - Resident 9

Physician Retiree 17

Physician Retiree Sustaining 1

2013 Dues notices have gone out and will be followed up with another notice approximately December 1, 2012. To date we have 26 who have renewed or just joined.

I would still ask the group for ideas on how to build the number of AAPHP members. And please also discuss possible membership for our support organizations.

Sandra F. Magyar, MEd

Membership Director

- (D) Bylaws changes that passed Current bylaws are now available at http://www.aaphp.org/bylaws
- 1. Article VI F 2: allowing Trustee positions vacated in mid-term to be filled at the next membership meeting (changes the word annual to membership) PASSED
- 2. Article IX B-2: removes the liaison to the American College of Preventive Medicine (ACPM) Board of Regents since ACPM does not now have an liaison to AAPHP PASSED (Requested by ACPM)
- 3. Article XI C.1. Updates the definition of a Young Physician to reflect the AMA current definition. That is a physician less than age 40 or is within the first 8 years of professional practice after residency and/or fellowship training. PASSED "after or meet the current AMA definition of young physician" was added.
- (E) Dues for 2013 was approved as the same as last year (Active Physicians \$95.00, Retired Physicians \$40.00, Residents \$15.00, Associates \$60.00, Medical Students \$10.00.) In addition the dues of \$25.00 for individuals who qualify for the AMA Young Physician designation was approved for a trial period.
- (F) A new board member Brent R. Gibson MD MPH FACPM was elected to the Board of Trustees.
- (G) 2012 Presidential Awards were given to Timothy Barth MD, Arvind Goyal MD MPH and Joseph Murphy MD for Meritorious Service to AAPHP. Dr. Barth served as President from 2010 to 2012, Dr. Goyal as AMA Delegate from 2004 through 2012, and Dr. Murphy as AMA Alternate Delegate from 2006 through 2012. Each is commended for their dedication, diligence and service.

#### **ABPM Corner**

If you are board certified by the American Board of Preventive Medicine this section is for you.

Your help is welcomed to help support the General Preventive Medicine and Public Health certification and re-certification process in two areas. First, AAPHP is looking for board certified members in active public health practice to nominate to the American Board of Preventive Medicine. AAPHP must submit any nominations by January 4. If interested contact <a href="mailto:vmdato@aaphp.org">vmdato@aaphp.org</a> for more information. Second, ABPM is e always interested in possible new LLSA/MOC providers. There is an application available on their website at <a href="https://www.theabpm.org/moc/ABPM\_module\_app.cfm">https://www.theabpm.org/moc/ABPM\_module\_app.cfm</a> for potential providers. This application should be completed and submitted by the provider for any activity they would like considered for LLSA/MOC credit. There is no fee associated with the application.



# **10. PRESIDENT'S REPORT**

I have asked that my report be last intentionally. AAPHP is about its members, not its President. And in that area AAPHP has much to be thankful for. We have a dedicated membership coordinator who provides not just her services but a physical home at a reasonable cost. We also have an exceptional and diverse board with members of all ages, and of many religious and ethnic backgrounds. Our Board Members serve AAPHP, families and their communities.

We also now have an active Resolution, Policy and Legislative (RPL) committee. Now is the time to suggest resolutions for AAPHP RPL committee to approve for submission to the AMA for the next meeting. Instructions on writing and submitting resolutions are available at: <a href="http://www.aaphp.org/">http://www.aaphp.org/</a>
ResolutionsP In addition any member who would like to be on the RPL committee should just contact me - <a href="http://www.aaphp.org">wmdato@aaphp.org</a> for consideration.

AAPHP's continued success depends upon our membership. We are fortunate that we have a dedicated group of members that continue to financially support the organization both through dues and in kind services. The AAPHP bylaws give the President the ability to start committees and appoint liaisons to organizations. If you have an idea or interest that is consistent with AAPHP's mission please contact me – vmdato@aaphp.org. Together we can make a difference.

\*\*\*\*\*\*\*\*\* 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— .http://www.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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