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2015 Annual Meeting, Atlanta

2/27/2015 1 to 3 PM EST
 By phone: 1-712-432-3066 (conference
 code 280904 *4 to Mute)
 In person : The Inman room, located on
 the Atlanta Conference Level as part of
 Preventive Medicine 2015 (Hyatt)
<http://www.preventivemedicine2015.org/>

- Health Policy Forum
- Health Equity
- Vaccine Policy
- Tobacco Policy

2014 Annual Meeting Minutes

AAPHP
 President Dr.
 Ryung Suh
 discussing
 AAPHP,
 wearing Beads
 presented by Dr.
 Nitzkin (credit
 Dr. Alkon)



2014 Annual Meeting Minutes

President Dato called the meeting to order. All members in the room and on phone introduced themselves.

The minutes of the previous meeting were approved.

Dr. Cundiff presented the treasurer’s report. Our checking balances, available for current operations, total \$6,443.72. Our savings balance, reserved for the future costs associated with our Lifetime members, is \$8,112.86. Our finances are stable.

Dr. Alkon presented the membership report. We have 137 active members, with 44 of those pending renewal.

Dr. Dato presented Presidential awards to Dr. Erica Frank, Dr. Doug Mack, and Dr. Laura Kahn for 1. Disseminating Science, 2. Creating Awareness, 3. Catalyzing Action, 4. Effecting Change, and 5. Shaping the Future. Drs. Ahluwalia, Alkon, Barth, Cundiff, Sherin and Weisbuch were honored for their ongoing work on the Executive Committee. Dr. Biek was honored for his service as a Board member and his wisdom web page: <http://aaphp.org/PositiveHealth>.

Dr Suh presented the nominations committee report. The following individuals were nominated and elected at this meeting: Jaspal Ahluwalia, MD, MPH as President-Elect 2014-2016; Samuel Jang, DO, MPH as Secretary 2014-2016; Kevin M. Sherin, MD, MPH, MBA as AMA Delegate 2014-2016; Brent Gibson, MD, MPH as Vice President 2014-2016; Jonathan Weisbuch, MD, MPH as AMA Alternate Delegate 2014-2016; and Charlene Brown, MD,

MPH as Board Member 2014-2017. Dave Cundiff, MD, MPH continues as Treasurer 2014-2016.

Dr. Nitzkin provided a report on his work related to Tobacco control and provided all attendees with New Orleans Beads.

Dr. Dato turned over the Gavel to Dr. Suh.

Dr. Suh provided his background and led a strategic discussion of AAPHP’s future.

President Suh adjourned the meeting.

Treasurers Report, Feb 2015

AAPHP Treasurer’s Report, 2015-02-08:

Our checking balances, available for current operations, were \$6,419.75 on 2014-02-08 and are \$10,357.66 on 2015-02-08. Our savings balance, reserved for the future costs associated with our Lifetime members, was \$8,112.86 on 2014-02-08 and is \$8,115.36 on 2015-02-08.

Our finances are improving somewhat and should support either a modest increase in program expenses, or additional savings for future costs, during calendar year 2015.

Respectfully submitted,
 Dave Cundiff MD MPH
 AAPHP Treasurer

Membership

130 members as of 2/14/2015 (includes pending renewals):

Active Physicians	46
Lifetime	23

Young Physician Dues Eligible	16
Physicians - Retiree	14
Affiliate Member	10
Medical Student	7
Physicians - Resident	6
Associate Physician	3
Supporting Active Physicians	3
Physicians - Retiree Supporting	1
Sustaining Active Physicians	1

HOD Report November 2014

Memorandum:

To: AAPHP Membership
 From: Jonathan B. Weisbuch, MD, MPH, AMA Delegate (acting), AAPHP
 Subj: AMA Interim Meeting, November 8 – 12, 2014

Colleagues, Enclosed below is my Report of the Interim AMA Meeting held in Dallas in the second week of November 2014. I served as the acting Delegate in the absence of Dr. Kevin Sherin, whose move to California to assume the position of Deputy Director for Chronic Disease for the California Department of Public Health took precedence over his attending the Interim Meeting. My wife, Dr. Mary Ellen Bradshaw, served as the Alternate Delegate. We consider it an honor to serve the AAPHP in this way. We were also joined by another AAPHP member, Dr. James Felsen, a Delegate from West Virginia, and an active participant in several of the Reports and Resolutions being considered by the House.

The role of Delegate and Alternate is three-fold. We meet with our state delegations, with the Section Council on Preventive Medicine (SCPM), and as a member of the Section for Specialty Societies (SSS). We also participate in the several Reference Committees that review the many Board and Council Reports and the several Resolutions submitted for consideration by AMA Delegations, by individual Delegates, by the specialty societies, and by the student, resident and other sections representing special groups in the House of Delegates. And of course the Delegate or the Alternate sit in the House of Delegates, speaking for the issues that impact public health, and voting on the several items presented to the House.

Every meeting of the AMA House of Delegates is not all AMA business, however. The AMA frequently supports one or more educational opportunities. This year there were two. A most interesting discussion of the human biome and its importance in disease and the prevention of disease was presented for CME credit; and an extended presentation by Dr. Arjun Srinivasan, a representative from CDC of the entire Ebola situation in the US, plans for the future, and our role in Africa to gain control of the current epidemic.

Prior to the Interim Meeting, the AAPHP had submitted a Resolution relating to the Council on Science and Public Health (CSPH), Report 2 passed at the I-13 meeting one year ago, encouraging the AMA to take specific actions to educate the public and the media on the specific problems and hazards of Cannabis usage. The Report urged restraint by state legislatures on legislation concerning any Cannabis product until more research on the short and long term effects of Cannabis use are studied. For nearly 20 years, research on the Marijuana, Cannabis products, THC, and their recreational or medical use has been severely restricted by the Drug Enforcement Agency (DEA). The issue is of importance since voters in Colorado and Washington State passed propositions in the past year allowing recreational sale and use of Marijuana products in defiance of the Federal ban on the product. Voters in several other states have approved similar proposals in last November's election. Voters appear to be uninformed, or disinterested in the recommendations made by the AMA in CSPH Report 2. Our AAPHP Resolution was designed to encourage our AMA to be more aggressive in informing the media, the public and legislators of the potential hazards identified in Report 2, and in encouraging more federal research.

On the floor of the House, Resolution 213, our Cannabis Resolution drew a lot of discussion, some controversy, and several amendments. When finally approved, it had been strengthened to include a recommendation that any product which includes Cannabis must have a listing of the ingredients and their potential. If this recommendation is adopted in the states allowing the sale of

recreational marijuana, the packaging will inform users of the hazards of the product, and the exact amount of the several cannabinoids; a start to a rational approach to liberalization of marijuana laws.

Several other significant Public Health items were also passed by the House, in Dallas. We took a strong stand on supporting the CDC and its recommendations on disease prevention and control with especial concern for Ebola. The House also took a very strong position concerning E-cigarettes, urging the FDA to include them as tobacco products, prohibiting sales to minors, and developing regulations concerning their manufacture, marketing and use only in areas where cigarette smoking is allowed. The House recommended that hospitals and other environments in which medical care is provided, prohibit E-cig use; and we urged the FDA to prohibit claims by manufacturers that E-cigarettes are effective tobacco cessation tools. For thirty years, AMA has been a strong advocate against tobacco use; it does not want to see E-cigarettes diminish or dilute our success in lowering the prevalence of cigarette consumption from 46% of the adult population to the current 20%. In the early 1980s, AAPHP, in concert with other members of the Section Council on Preventive Medicine, was a major supporter of the current AMA policy against cigarette use; we shall continue to support this position, encouraging our AMA to promote policies that lower the health risks associated with tobacco addiction, and restrict inappropriate use of nicotine and other tobacco derivatives that also may have a negative impact on health.

The House also took a position supporting CSPH Report 4, supporting the role of pharmacists as providers of a variety of vaccinations to the population. In many states this function is limited to adults; children having to be seen in their medical home, or served in community Public Health clinics where they exist. AAPHP supported this position. A number of Resolutions related to children in detention, especially relating to the use of solitary confinement; the House adopted Resolution 205, amended to support a policy that stipulates that incarcerated youths receive medical and mental health care appropriate for their health needs and

to improve their health outcomes. Resolution 202, relating to sobriety check- points on US highways, was approved as amended to support the practice as good public health policy reducing the prevalence of inebriated drivers. The resolution also supported AMA's helping state medical societies' pursuit of legislation to overcome bans on the use, by police, of sobriety checkpoints.

Resolution 908, submitted by the Medical Student Section, urged the AMA to support greater emphasis on the Social Determinants of Health in the medical curriculum. The Reference Committee supported the concept by recommending a change in AMA Policy, H-295.874 to read, "Our AMA... supports efforts designed to integrate training in social determinants of health and cultural competence ..." The underlined language was added in several sections of that Policy. This policy change was approved, and is certainly one AAPHP can support. Those of us associated with medical schools should encourage implementation of this Policy in the curriculum.

Respectfully Submitted,

Jonathan Weisbuch, MD, MPH, (Acting) Delegate.

Dr. Weisbuch to Present at Preventive Medicine 2015 Plenary Session II Population Health: What it Means to You Depends on what You Do.

Dr. Weisbuch writes "My talk will focus on Community Diagnosis, and the importance of a community physician or public health provider knowing his or her community in the same way as primary providers should know their patients not by their lab numbers, but by who they are as individuals, as family members, and participants in a population group. Community Diagnosis focusses on several issues: the structure of the physical environment; the socio-cultural-economic system and the organization and its leadership; and the complex web of biologic variability, as well as the rates of disease and the prevalence of risk factors. Community Diagnosis seeks to identify community problems that deserve

remediation, and the community resources to carry it out. The principles apply whether the community is as small as the crew of a nuclear submarine, or as large as the County of Los Angeles, or the nations of West Africa.

I will use as my prime example of such a community diagnosis, Peter Ludwig Panum's analysis of the 1846 Faroe Islands Measles Epidemic, and one or two examples from my own experience. The talk will attempt to demonstrate that a deep understanding of a community, its physical environment, the culture and economy of its people, and the biologic interactions of its flora and fauna is essential for the quality practice of public health, the appropriate reduction of major risk factors, and the epidemiological analysis of the root causes of diseases and other health problems confronting the community.

Essay: Reflections on a One Health Journey

Virginia Dato MD MPH FACPM

2014 brought two great One Health honors: Membership on One Health Initiative team's Honorary Advisory Board
<http://www.onehealthinitiative.com/advBoard.php> and an Honorary Achievement Award from the Hartz Mountain Corporation and the American Veterinary Epidemiology Society.

The Hartz Mountain letter announcing the AVES award brought back 35 years of memories including a one week stint as a temporary worker on a Hartz Mountain assembly line. My co-workers (most much older than I) traded stories back and forth that furthered my appreciation for the challenges of life for the many human beings who are not as fortunate as I.

My appreciation for other creatures was more subtle. During an admission interview for the University of Pittsburgh School of Medicine, I mentioned my observations of ants as a little girl playing in my backyard. My interviewer promptly recommended I read Lewis Thomas' book "The Lives of a Cell – Notes of a Biology Watcher" [1]. This book offered a unique appreciation for the

biotic ecosystem and provided a One Health view that colored my entire career.

It was a veterinarian - William Parkin DVM DrPH - who first hired me out of a Pediatric Infectious Disease Fellowship to work in Communicable Diseases as a Public Health Physician with the New Jersey Department of Health. The raccoon rabies epizootic was coming to New Jersey and many plans were needed.

Fortunately Faye Sorhage VMD MPH was the State Veterinarian and a rabies expert. She insisted I read her entire collection of rabies publications and then accepted me as a true partner under our knowledgeable champion: Dr. Parkin frequently said that his job was to keep the political process from keeping us from doing our work. Only later would I appreciate how great I had it – working in an environment where our most important job was protecting the Public Health.

Dr. Sorhage and I worked together with a diverse group of other professionals including health officers, laboratorians and animal control officers. The group developed and implemented policies including recommendations for physicians [2]. Since the Internet was not yet available creativity was required to get accurate information on an evolving situation out. A voice message machine dedicated to local health officers was kept up to date with the geographical location of known rabid cases. And when animal bite questions were too many for the on call staff, we developed a computer based algorithm with and for the New Jersey Poison Information and Education System (NJPIES). A diverse group of NJPIES professionals would then take the calls, provide up to date location based recommendations, and fax a report to the Communicable disease program. [3]

The raccoon rabies epizootic progressed from the west. Since the south was still rabies free, New Jersey was chosen for the first trial of an oral raccoon rabies vaccine [4] [5]. That was the first of many interactions I would have with Charles E. Rupprecht, VMD, MS, PhD over the years. Other zoonotic issues in that time period included LCMV [6] and investigations of some of the first Salmonella outbreaks traced to eggs resulting in New Jersey's "running egg"

law, meant to keep uncooked eggs out of your restaurant meal except by specific request.

I wanted to keep learning and it was Dr. Parkin who suggested I enter the New Jersey Department of Health Public Health Residency. My zoonotic activities took a break as I rotated through every part of the New Jersey Department of Health while completing an executive MPH. Many of these activities included what we now call informatics – Project Manager for the New Jersey Electronic Birth Certificate System, and development of Epi-info based systems for lab reports, newborn hearing screening and the Institutional Board Review.

From New Jersey I started working at the University of Pittsburgh Graduate School of Public Health Center for Public Health Practice on the early detection of outbreaks [7, 8], and public health training [9, 10].

In 2002 Joel Hersh, then Director of the Bureau of Epidemiology at the Pennsylvania Department of Health but currently Executive Director at PA State Animal Response Team created a State Public Health Physician position based in Pittsburgh and reached out to me. I was hired and zoonotic diseases again became a responsibility [11] [12] [13] [14]

In 2007 when Dr. Sorhage became President of the National Association of State Public Health Veterinarians I joined as an Associate and have been a member ever since. That same year, the AAPHP began its formal support of One Health. Larua Kahn MD MPH – a lifetime AAPHP member and the individual who replaced me when I left the New Jersey Department of Health - wrote a resolution for the AMA on One Health.

However it was not until 2010 when I was President Elect and noticed that AAPHP was not listed on the One Health initiative that I became personally involved in helping to further this important work. While I was AAPHP President in 2012, we formally endorsed One Health. Laura Kahn presented the One Health Concept at the AAPHP annual meeting and a One Health page was added to the AAPHP website <http://aaphp.org/OneHealth>

About this time I started attending local Health 2.0 conferences where informatics projects were presented and started to see some opportunities for improving public health informatics. In addition Enzo Campagnolo DVM MPH, a CDC field officer stationed in Western Pennsylvania and I began to collaborate more closely on zoonotic issues [15],[16]

After twelve years at the Pennsylvania Department of Health I decided to accept an NLM funded opportunity as a Biomedical Informatics Post-Doctoral Fellow working with the MIDAS Information Service Group. I started August 1st just after accepting the American Veterinary Epidemiology Society award. I have spent the last few months learning informatics and using my public health knowledge as a curator for the Ebola Information Resource Page and the Ebola Epidemic Chronology <http://www.epimodels.org/apolloLibraryViewer/ebola/epidemics>. Now that it is clear that we know how to control Ebola, my focus will switch to see how informatics can best serve Public Health, Preventive Medicine and One Health.

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