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Join Us**Mid Year Meeting****October 28, 2012****San Francisco**

American Association of Public Health Physicians

E-Bulletin

June, 2012

The Voice of Public Health Physicians-Guardians of the Public's Health**President's Message:****AAPHP's Biggest Asset? It's the Members!**

Like you I belong to and contribute to many professional organizations including the AMA, CSTE, ACPM, AAP and of course APHA. But AAPHP is unique among these because AAPHP is the only organization devoted to and run by Public Health Physicians dedicated to addressing health-related issues on a group or population basis and guarding the public's health. Our organization is run by members. The American Association of Public Health Physicians is your association and my term of office will be dedicated to giving you, the membership, your voice for public health.

During my term:

- 1) All meetings will be available electronically so no one has to travel, take time off work, or use valuable fossil fuels to have their voice heard and to contribute to our organization.
- 2) If you are interested and willing to provide your opinion and participate in decisions between meetings, I will utilize our membership google group. If you would like to receive an invitation to join our aaphp google group, send an email to vmdato@aaphp.org with the words "join google group".
- 3) Our website will be available to members with important, well researched information to share. To see what resources are already available go to <http://aaphp.org/GeneralResources>. To contribute material for future public pages go to <http://aaphp.org/Discussion>
- 4) I promise to allow you to submit resolutions to our membership for review, comment, and voting. To submit or discuss AAPHP resolutions go to aaphp.org/resolutions.

Right now we are a small organization with no outside funding and no fulltime paid staff. Dr. Suh, our President- Elect, has volunteered to head a Business Development Committee to explore and provide strategic direction to the development, funding, and strategic partnering opportunities related to AAPHP. The private member webpage devoted to this effort is at aaphp.org/business. Individuals interested in volunteering can place comments there and help us strengthen AAPHP.

In the meantime, we can only do things if our members do them. As Margaret Mead once said, “Never doubt that a small group of thoughtful, committed citizens can change the world. Indeed, it is the only thing that ever has.” And one thing that AAPHP has is an abundance of is thoughtful, committed members, many of whom are on our board (aaphp.org/trustees) In this Bulletin you can read brief bios on the brand new Board members – Olugbenga O. Obasanjo MBBS, MPH and James Lando MD, MPH.

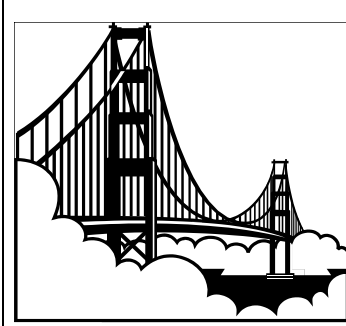
AAPHP has other exceptional leaders, including new board member AND a founding member, Dr. Richard Biek. Dr. Biek recognized the dangers of medical care well before recent efforts for quality assurance and comparative effectiveness and has helped many people become healthier. I posted some of Dr. Biek’s writings here - <http://aaphp.org/Discussion?mode=MessageList&eid=681896#681897>

Joel Nitzkin, MD, MPH, DPA, is also a veteran member returning to the board. Much of his work as the former Tobacco Control Task Force Chair is available at <http://aaphp.org/tobacco>. We are also fortunate to have long time members and Past Presidents Drs. Sherin and Weisbuch beginning their terms as AMA Delegate and Alternate Delegate on July 1.

Our non-board members remain extremely active in public health leadership roles as well. In this bulletin you can read about some of the work of Lifetime Member Laura H. Kahn, MD, MPP, on the One Health Initiative as well as Medical Student member, Christopher Watson, reporting on the AMA meeting. Erica Frank, MD, MPH, is taking a leadership role related to migratory fish and radiation. More information on this topic is available at <http://www.aaphp.org/fish>.

I look forward to working with all of you. I should note that as a state employee on federal funding, I am not available and cannot respond during regular work hours, when I am actively involved in an outbreak investigation, or in the middle of on-call duties. With those constraints in mind, please feel free to contact me at ymdato@aaphp.org with your ideas, suggestions and to volunteer to help us be the voice of Public Health Physicians, guardians of the Public’s Health.

AAPHP Mid Year Meeting



Join us on Sunday, October 28, 2012, in San Francisco, at 2 PM for the AAPHP Mid Year meeting held at the American Public Health Association Annual Meeting as we have the opportunity to come together again .

Watch the AAPHP news for more to come.

New Member Special

New Members joining after June 30, 2012 will have a renewal date of January 1, 2014. Eighteen months for the price of twelve! New members only. Please recruit your colleagues.

Annual Meeting Highlights

AAPHP was pleased to have Todd L. Sack, MD, FACP, speak on “Facing Climate Change in the Medical Office: “The Green Doctor Office Program” www.mygreendoctor.org .

Dr. Sack described how any doctor office can use wise environmental practices to make your office healthier and save you money. He gave ideas one could use for your office, your families, your patients, and your community. And he also provided a step-by-step guide to create an office Green Team and take your first Action Steps.



Mark Sack, MD, FACP

Business Meeting

The following includes highlights from the meeting:

Proposed Bylaws Change: Electronic/Telephonic Attendance Policy

The following by-laws change was proposed. The bylaws changes were published electronically to the general membership 30 days in advance of this general membership meeting.

Article III. D Membership Meetings

Current section:

D. Membership Meetings

1. The Annual General membership meeting may take place in conjunction with a meeting of the AMA or another public health meeting to be selected by the Board.
2. The interim general membership meeting may take place in conjunction with the annual meeting of the American Public Health Association (APHA) or another public health meeting selected by the board and approximately 5 months apart from D.1
3. Additional Special meetings of the General Membership may be held at the discretion of the Board of Trustees with a specific purpose clearly specified in the meeting notice which will be sent to all members with at least 30 days notice.
4. The General membership meeting shall be considered to have a quorum when not less than 5% of the voting membership is in attendance.

Proposed change: add a new section D 5

5. Attendance at general membership meetings shall be in person, by telephone conference or by other electronic means, which permit all members to simultaneously hear each other and verbally participate in the meeting. Members who attend the meeting, either in person or by electronic means, shall contribute to the determination of a quorum, and are permitted to vote.

This change will codify the ability for members to participate in all AAPHP business via electronic or telephonic means.

Action: Recommendation accepted unanimously after significant discussion of potential impact on increasing membership involvement and participation. All ten (10) members present in person at the meeting voted in the affirmative. The four (4) members present via teleconference voted in the affirmative. There were no abstentions or negative votes.

As a result of the vote, the bylaws will take effect immediately. Members present via teleconference will now be allowed to vote on any and all AAPHP matters in the same manner as those physically present at the general membership meeting...

President Dr. Timothy Barth's Report



President Barth provided an address focusing on the current state of the AAPHP. His main points were to increase member participation and increase transparency and access of the membership to the decision making process of the organization. He described the difficulties of being an organization based upon self-identification by members. AAPHP does not require any specific degree, training, or certifications for physician members. The AAPHP needs to increase its focus on encouraging all physicians to identify with the AAPHP's mission and goals and then increase participation.

Vice-President's Report – Dr. Ellen Alkon



Dr. Alkon provided an update on the development of the *AAPHP member handbook* which will serve as reference for all members and resource for recruiting new members.

The following by-laws changes were proposed by Dr. Alkon. The bylaws were published electronically to the general membership 30 days in advance of this general membership meeting.

Recommendation #1

Article IX B:

Current section:

B The following appointments shall be made by the President:

1. Chair and members of Awards Committee
2. :Liaison member to the American College of Preventive Medicine (ACPM) Board of Regents
3. Liaison to National Association of City and County Health Officials (NACCHO)
4. :Liaison to the Center for Community Responsive Care (CCRC)
5. Any others, as may seem reasonable to the President

Proposed change: Strike existing B 4 as this organization is no longer current and substitute NCCHC: .

4. Liaison to the Center for Community Responsive Care (CCRC)
4. Liaison to the National Commission on Correctional Health Care (NCCHC)

Recommendation #2

Article X, B. There is a word left out. The word mailed was in this document until the Philadelphia meeting but I do not find a replacement word.

Current:

B. Membership dues - The annual Membership Dues shall be reviewed by the Board and approved each calendar year. The dues statement each year will be before the end of the preceding year

Proposed change:

Membership dues - The annual Membership Dues shall be reviewed by the Board and approved each calendar year. The dues statement each year will be submitted before the end of the preceding year

Action: Recommendations accepted unanimously after discussion by the membership.

Treasurer's Report

AAPHP INTERIM TREASURER'S REPORT, 2011-10-01 to Present:

CURRENT BALANCES:

\$6,390.20 = Working balance, available to pay our current bills.

\$8,101.62 = Savings, to cover future costs of Lifetime members.

\$14,491.82 = TOTAL CURRENT BALANCES.

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

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

\$5,605.00 = Active Member dues (budget = \$9500)

\$1,286.92 = Premium dues & additional contributions (budget = \$1200)

\$1,070.00 = Reduced dues (retired, in-training, Associate) (budget = \$1000)

\$5.44 = Interest and other income (not budgeted)

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

\$7,967.36 = TOTAL INCOME, YEAR TO DATE (budget \$12,020)

\$4,595.00 = Management fees to CAM, Inc. (budget \$8100)

\$1,186.92 = Meeting fees and expenses (budget \$1000)

\$180.00 = Communications (budget \$1200)

\$454.26 = Bank fees & other admin (budget \$800)

\$5.44 = To savings (budget \$920)

\$6,421.62 = TOTAL EXPENSE, YEAR TO DATE (budget \$12,020)

Membership

Report

The following is a list the current Active Members by the various categories.

Lifetime = 22
Other Physicians Active = 80
Physicians Active Supporting = 2
Physicians Active Sustaining = 1
Non-Physicians Associate = 6
Non-Physicians Medical Student - 14
Physician Resident = 8
Physician retiree = 20
Physician Retiree Sustaining = 1
Total = 154

AAPHP has 126 members with full licenses, excluding students, residents and non-physician associates. Of those 126, 86 have paid 2012 dues and the other 40 will be off our membership rolls on July 1 if they do not pay their 2012 dues before that date. Of the total, 79 physician members are also AMA members.

Dr. Alkon discussed ways to increase recruitment and retention of members at the transition points between medical school, residency, fellowship, and practice. The membership provided significant input to allow further investigation of potential courses of action with an expected update at the Interim General Membership Meeting.

President Elect's

Report

Dr. Dato

The website is updated and providing many new features to greatly increase recruiting, retention, and member participation in AAPHP activities. Dr. Dato encouraged any feedback or recommendations for improving the website.

Nominating Committee Report

Dr. Dato

The Nominating Committee report was as follows:

Nominating Committee Report as of May 30, 2012 for the Annual Meeting, June 16, 2012.

President Elect Ryung Suh MD, MPP, MBA, MPH

Vice President Ellen Alkon MD, MPH

AMA Delegate Kevin M. Sherin MD, MPH

Alternate AMA Delegate Jonathan B. Weisbuch MD MPH

AMA YPS Delegate * as per bylaws to be selected by YPS members

AMA YPS Alternate * as per bylaws to be selected by YPS members

For Board Positions:

Board At Large Position # 1 2012-1015 Olugbenga O. Obasanjo MBBS, MPH, PhD

Board At Large Position #2 2012-1015 Joel Nitzkin MD, MPH, DPA

Board At Large Position #3 2012-1015 James Lando MD, MPH

Board At Large Position # 4 2012-1015 Douglas A. Mack, MD, MPH (second of two terms)

Board At Large Position # 5 2012-1015 Dennis Mallory, DO, MPH (second of two terms)

Board At Large Position # 6 2011 -2014 (When vacated by Dr. Suh) Richard Biek, MD

Nominating committee's report approved unanimously.

New Business

Dr. Virginia Dato

newly installed
President

Dr. Dato initiated the consideration of a proposal for the AAPHP to join in the Green Office Program. The resolution was as follows: The AAPHP agrees to partner with the Florida Medical Association and the Green Doctor Office Program. The terms of the partnership will be subject to approval by the AAPHP President and AAPHP BOT and can have minimal financial costs to the AAPHP. There was significant discussion by the membership on financial issues and potential actions or requirements relating to partnering with the Green Doctor Office Program. *The proposed resolution was accepted by a vote of 12 yeas, 1 nay, and 1 abstention. Dr Sack abstained due to a potential conflict of interest.*



There was significant discussion on the potential continuation of the practice where new members who join the AAPHP in the latter part of a dues year are provided membership through the next membership year. For example, new members who joined on or after October 1, 2011 were given a membership through December 31, 2012. A motion was made that new members who join AAPHP after June 30 will be considered members from that point through the end of the next calendar year. *The motion was passed unanimously.*

Following significant discussion, President Dato created a working group to consider increasing involvement between the AAPHP and the Society of Correctional Physicians (SCP). Drs. Mack and Barth will co-chair the workgroup. The workgroup will focus on determining the potential for joint efforts and initiatives with the SCP and report back to the BOT and general membership.

Remarks of President Dato, MD, MPH, FACPM

For me, the reason to volunteer my time and effort with AAPHP is for what we can do! 10 years ago I could not be president because I had teenagers and to influence teenagers you must influence friends. My children are now adults. They must be making their own decisions. Now the best way I can help them and the other young people is make this a better world for them and their children.

Babies born today will be 88 in the year 2100. I won't be there but my garbage will be and there will be few fossil fuels. I would prefer to leave a different legacy.

We are a small organization, no corporate sponsorship and no full time staff. We can only do things if our members do them.

But that does not bother me because I have found that the people who come to the table when you have no money are the most dedicated and knowledgeable folks.

We all have many choices in what we can do with our time and money. If we cannot create something worthwhile, then AAPHP should not exist!

So my term of office will be dedicated to giving you ,the membership, your voice.

Here is what I can promise:

I promise that all meeting will be available electronically so no one has to travel and use valuable fossil fuels to have their voice heard and to contribute to our organizations.

I promised that any member can listen to our board meetings.

If you have an important topic that is deserving of space on our website, design a page in word or another program. Get three other members to review it for accuracy and provided there are no objections I will put it up.

If you have an important topic deserving of an AAPHP resolution, write it. Place it on our members only page. At a minimum I will put on the agenda for our next meeting any resolution that has the support of three members and I will ask our board to call a special membership meeting if you have the support of 5% of our membership (to ensure quorum)

If you have an issue deserving of a committee find 6 other people, write a mission statement and I will ask the executive committee with later review by the board to approve it. If they don't I will put it on the next membership meeting.

See You in San Francisco on [October 28, 2012 at 2 PM.](#)

Thank you to Dr. Barth and all Officers & Trustees

Dr. Barth was unanimously honored and commended for his service to the AAPHP as President. Dr. Barth expressed his gratitude for the motion and thanked those other officer, trustees, and members who enabled his successes as President.

Motion unanimously approved to honor and commend all outgoing officers and trustees for their service to the AAPHP.



AMA Delegate Report

(Note: Resolutions referenced can be found at <http://www.aaphp.org/ama>)

Arvind K. Goyal, MD, MPH, MBA
Clinical Associate Professor, Family Medicine & Preventive Medicine
Chicago Medical School/ Rosalind Franklin University

Dear Colleagues: You would recall that your delegates had submitted 4 resolutions (attached) for consideration at the AMA Annual House of Delegates meeting ended Wednesday, June 20, 2012. Additionally, we had a report back from the Council on Science and Public Health on our resolution on Bottled Water from June 2011 meeting. We are pleased to submit the following report for your information:

1. *Dr. Carl Brumback Memorial Resolution*: ADOPTED as submitted.
2. *Resolution 433: Preventing Deaths and Injuries from Distracted Walking*: ADOPTED as submitted.
3. *Resolution 434: AMA's Support for Evidence Based Obesity Prevention Strategies*: REAFFIRMED Policies H-150.953, H-440-902 and D-470.993 in lieu of Resolution 434.
4. *Resolution 524: Effective Action to End Critical Drug Shortages*: Adopted with amendments to a Council Report and other Resolutions on same subject. (Adopted language noted on attachment titled Resolution 524-Adopted Language)
5. *Council on Science and Public Health Report 3-Safety of Bottled Water: Based on AAPHP Resolution # 420 from A-2011 meeting*, the Council recommended the following language which was ADOPTED by the House: Our AMA: (1) requests the appropriate federal agency to require analysis and appropriate labeling of the chemical content, including fluoride, of commercially bottled water, as well as of the water supplies of cities or towns; (2) will work with the American Dental Association to promote the availability of fluoridated, commercially bottled water to consumers. urges the FDA to require that annual water quality reports from bottled water manufacturers be publicly accessible in a readily available format; and (3) urges the FDA to evaluate bottled water for changes in quality after typical storage conditions. (Modify Current HOD Policy)

Preliminary information regarding AMA House actions is available through AMA's web site; however, final actions will not be posted for several weeks yet. Please feel free to call me or Dr. Joe Murphy if you have questions regarding this report.

Again, I speak for myself and Dr. Murphy in thanking you all for the opportunity to serve you and to again represent the AAPHP at the just concluded AMA House meeting. As previously communicated, we will no longer be available to serve in these roles.

Contribution from a 2nd year Medical Student Member Christopher Watson's AMA report –

Be the Change

“We must change the narrative in order to change the culture...” this was a powerful challenge given by Barbara Ross-Lee, DO, FACOFP, Vice President for Health Sciences and Medical Affairs during the Minority Affairs Section Business Meeting. This electrifying challenge was preceded by a message from the keynote speaker Jeffery W Bailet, MD, President of Aurora Medical Group, where he discussed “leading change.” As a public health and medical student, it was refreshing to see this idea of change as an underlining theme at the AMA Annual Meeting. This year’s meeting gave the medical community the opportunity to change the approach and outlook on health policies and current health practices.

More importantly, it is exciting that the traditional medical community has began to recognize the importance of the public health community in increasing access to quality medical care especially preventive services. These two current models in isolation are not effective especially for communities in rural and impoverished areas, and it is critical to bridge the interaction between these two entities. This year’s meeting promoted educational programs and forums that served as the bricks in building that bridge. The importance of researching and analyzing current issues in health and medical education policy and assisting with ongoing advocacy initiatives were primary areas of focus during these program and forums. The main take home is that together, we can be the CHANGE: Creating Health Access Now Generates Empowerment!

Brief Bios of the Newest Members of the AAPHP Board

CAPT Jim Lando, MD, MPH, FACPM is a CDC Career Epidemiology Field Officer (CEFO) assigned to his hometown of Pittsburgh, PA. In this role, he provides broad epidemiologic and preparedness support to the Allegheny County Health Department. He is also an Adjunct Professor in the University of Pittsburgh Graduate School of Public Health, where he teaches and mentors graduate students and engages in collaborative projects with Pitt and Carnegie Mellon University faculty. Prior to joining the CEFO program in 2008, Jim was the Chief of the Health Studies Branch of the National Center for Environmental Health where he led investigations of human health effects resulting from a wide range of environmental factors both man-made and natural. Before this, Dr. Lando served in a number of other senior positions at CDC including: Director of Mental Health and Wellbeing Integration at the National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP); Deputy Associate Director for Science, NCCDPHP; and Director and Deputy Director of the CDC Preventive Medicine Residency. He has also served as the Acting Associate Director for Science for NCCDPHP and the Division of Applied Public Health Training in the Epidemiology Program Office for extended periods of time. He entered CDC as an Epidemic Intelligence Service Officer in 1996 assigned to the National Center for Health Statistics and completed his CDC Preventive Medicine Residency at the New Mexico Department of Health. Dr. Lando has been involved in national and international emergency response efforts, including being CDC Team Lead in Taiwan during the 2003 Severe Acute Respiratory Syndrome outbreak and responding as a member of the US Public Health Service to Hurricanes Katrina, Rita and Gustav. Jim also participated in the Guinea Worm Eradication Program in northern Ghana. Dr. Lando has served on a number of CDC and national committees including the CDC Transition Core Work Group, the Institute of Medicine Clinical Research Roundtable and Commission on Prevention Priorities. Dr. Lando received his undergraduate neuroscience and medical degree from Brown University and his MPH from the University of New Mexico, where he also completed an internship in Psychiatry.

Olugbenga Obasanjo, MD, MPH, PhD, FACPM, CPH, received his Medical Degree at the University of Ibadan, in Nigeria in 1994. He received his Masters in Public Health in 1996 and Doctor of Philosophy degree in Epidemiology in 1999 from the Johns Hopkins University. He served as an epidemiologist with Maryland Department of Health and Mental Hygiene during his doctoral studies. His PhD thesis used data archived by the Baltimore City Health Department and involved extensive interaction with the Department. He served an internship in Internal Medicine at the Greater Baltimore Medical Center and returned to Hopkins where he completed his residency training in Public Health and General Preventive Medicine in 2001. He has since then been working on various public health issues in Africa and Nigeria. He was a fellow with the Gates Foundation funded AIDS Prevention in Nigeria program of the Harvard School of Public Health. He has also been a public health consultant to various governmental and private institutions in Nigeria, including state governments, the Federal Ministry of Health, the state oil company of Nigeria and the biggest telecommunications company in Nigeria. Between 2000 and 2011, he was a Fellow at the Center for Food and Applied Nutrition of the United States Food and Drug Administration. Dr. Obasanjo has thus served at the three levels of government both in the US and internationally. Currently, he is a Public Health Physician with Prince William County Health Department in Virginia, a preventive medicine officer with the US Army reserves and an adjunct lecturer with the University of Maryland. He also has several publications in peer reviewed journals. In his spare time, Dr. Obasanjo likes to ride his 2011 Triumph Rocket III motorcycle.



Members in the News

Reprinted from:

<http://virtualbiosecuritycenter.org/blog/op-ed-why-one-health>

Laura H. Kahn, M.D., M.P.P., General Internist and Research Scholar with the Program on Science and Global Security at the Woodrow Wilson School of Public and International Affairs, Princeton University.

Op-Ed – Why One Health?

One Health is a concept that seeks to integrate human, animal, and environmental health since all are inextricably linked. This concept is not new and indeed can be traced back to ancient times when the Greek physician, Hippocrates, noted that human health depended on a clean environment. The Romans advanced the concept of a clean environment by building extensive aqueducts and public toilets. Unfortunately, the recognition of the Importance of environmental cleanliness waned during the Dark Ages and didn't appear again until the French Revolution when French physicians promoted the concept of public hygiene.

In the late 19th and early 20th century, physicians and veterinarians worked closely in public health and biomedical research, but collaborative efforts waned as the 20th century progressed and advances in medicine became increasingly specialized. Dr. Rudolf Virchow, a German physician (1821-1902), coined the term “zoonosis” and stated, “...between animal and human medicine there are no dividing lines—nor should there be.” He established the field of veterinary pathology and advocated for food safety by having veterinarians inspect meat. Despite political opposition, European countries adopted Virchow's recommended meat inspection policies and the United States subsequently followed. This practice is still done today although not as rigorously as one would prefer ¹.

As the 20th century progressed, new infectious diseases such as avian influenza (H5N1), SARS, Nipah virus, and West Nile virus emerged from animals into human populations for many reasons including deforestation, intensive agriculture, and bushmeat consumption. In addition to the naturally occurring emerging diseases, the vast majority of bioterrorist agents such as anthrax, plague, and tularemia and food-borne pathogens, such as Salmonella, Campylobacter, and E. coli are zoonotic in origin as well. The zoonotic origin of many infectious diseases prompted the recognition that there needs to be a more integrated, inter-disciplinary approach, a One Health approach, to health and disease ².

The deadly food borne outbreak occurring in late May 2011 in Germany is a good example of why a One Health approach is important. The German government began reporting a surge in people being hospitalized with bloody diarrhea and hemolytic uremic syndrome (HUS, a serious kidney disorder) from toxin-producing E.coli bacteria³. As of June 14, 2011, over 3000 people became seriously ill and 36 died. ⁴ Health authorities finally found the culprit: bean sprouts. This finding should not be a big surprise since bean sprouts have been implicated in many previous food-borne outbreaks. Indeed, since 1990, bean sprouts have been implicated in 45 disease outbreaks⁵. E. coli resides in the guts of all mammals and is typically a benign commensal organism, part of the body's natural biome. However, there are variants that produce deadly toxins such the one that has killed 36 people.

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American Association of Public Health Physicians
Interim General Membership Meeting– Washington, D.C.
October 30, 2011 Minutes



In Conjunction with the American Public Health Association

Timothy P. Barth, MD, CCHP Presiding

Welcome, Call to Order, and Introductions:

President Barth convened the general membership meeting at 1604 local time. The president welcomed all attendees and made comments regarding general announcements, housekeeping issues, and time limits.

Members present were Drs. Tim Barth, Dave Cundiff, Virginia Dato, Erica Frank, Gary Goldbaum, Arvind Goyal, Perrienne Lurie, , Doug Mack, Charles Mashek, Joel Nitzkin, Marc Safran, Kevin Sherin, and Ryung Suh. A quorum of membership was confirmed.

Presentation: Ethics and Policy Forum

The Ethics and Policy Forum consisted with a presentation by Dr. Virginia Dato entitled “Does Harm Reduction Have a Place in Public health Policy?”.

1. Policy Development is one of the three core functions of public health. Effective public health policies are based upon epidemiology, ethics, economics and public health law. This session will be devoted to a review and a discussion of principles of ethics and their impact on policy.
2. Dr. Dato reviewed ethical principles using material developed by the Pennsylvania Department of Health and the Center for Vaccine Ethics and Policy at the University of Pennsylvania. The material can be found at <http://pahcwfluvax.org/ethics-policy-overview/> . Those principles include autonomy, beneficence, non-maleficence and John Stuart Mill's harm principle. The material was developed as part of the discussion of mandatory health care worker vaccination against influenza (<http://pahcwfluvax.org>). Nevertheless, the principles are applicable to an informed discussion of policies including tobacco control and health care reform.

Business Meeting

Business meeting called to order by President Barth, presiding.

Presentation of Awards

CMG “Kim” Buttery, M.B., B.S., M.P.H. will be forwarded in recognition of a significant term of service to AAPHP, the field of PH, and our patients.

General Membership Meeting Minutes June 18, 2011 – Dr. Mashek

The minutes from the General Membership Meeting held on June 18, 2011 at the Hyatt Regency Chicago in Chicago, IL were approved with editorial corrections.

President’s Report

President Barth provided an address focusing on the current state of the AAPHP. His main points were to increase member participation and increase transparency and access of the membership to the decision making process of the organization. Among the specific tools he described was using the website to connect and get members involved.

Vice-President's Report – Dr. Alkon

The following by-laws changes were proposed.

Recommendation #1

Article III - Membership

A. Eligibility for Dues Paid Membership, by Category:

Current: 2. Any member in arrears for a period of twelve (12) months shall be dropped from membership.

Proposed: 2. Any Member in arrears for a period of six (6) months shall be dropped from membership.

Recommendation accepted unanimously after significant discussion of impact on membership recruiting and reporting.

Recommendation #2

Article III

D. General Membership Meetings

D1.

Current: The Annual General and Interim membership meetings shall take place in conjunction with a meeting of the AMA.

Proposed: 1. The Annual General membership meeting may take place in conjunction with a meeting of the AMA or another public health meeting to be selected by the Board.

D2.

Current: The interim general membership meeting shall also take place in conjunction with the annual meeting of the American Public Health Association (APHA) or another public health meeting selected by the board and approximately 5 months apart from C.1

Proposed: The interim general membership meeting may take place in conjunction with the annual meeting of the American Public Health Association (APHA) or another public health meeting selected by the board and approximately 5 months apart from C.1

D4.

Current: The general membership meeting shall be considered to have a quorum when not less than 5% of the membership is in attendance.

Proposed: The general membership meetings shall be considered to have a quorum when not less than 5% of the voting membership is in attendance.

Recommendation accepted by a vote of 8 yeas, 1 nay, and 2 absentions after discussion.

Recommendation #3

Article VII Duties of officers

Current: D. 1. The Vice-President shall chair the Membership Recruitment, Program and the Bylaws Committee.

Proposed: D.1: The Vice President shall chair the Membership Recruitment Committee, Program Committee, Bylaws Committee, and be responsible for the Internal Policy Manual.

Recommendation tabled until the next general membership meeting after significant discussion of the necessity of the changes proposed in this recommendation.

President Elect's Report – Dr. Dato

Dr. Dato provided an update on website development and increasing use of virtual meeting access for future general membership meetings.

Treasurer's Report – Dr. Cundiff

Budget Proposal:

Operating Income:

\$ 9,500	(100 Active members or equivalent)
\$ 1,200	Premium dues and additional contributions
\$ 1,000	Retired, student, and resident dues (numbers may vary)
\$ 320	Transfer from reserves for current costs of Lifetime members
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\$12,020	TOTAL OPERATING INCOME

Motion to accept 2012 proposed budget passed unanimously  
Motion passed unanimously to maintain 2011 dues schedule for use in 2012.  
Motion to accept treasurer's report passed unanimously

AMA Resolutions/Reference Committee Representation – Drs. Goyal and Murphy.

Dr. Goyal discussed the pending resolution on distracted walking and other relevant resolutions. He also remind the membership that there is a process in place to allow online comments on resolutions for AMA reference committees.

New Business

Dr. Frank reported on an update to the next generation university, the world's first free university. AAPHP is co-sponsor of public health training. It will launch next month with an introduction to preventative medicine.

Dr. Mack gave a report on representation on and activities of NCCHC.

Those wishing to join for dinner following adjournment are welcome.

Adjournment: Motion to adjourn passed at 1826.

Respectfully submitted,  
Charles C. Mashek, MD, MBA, MPH  
AAPHP Secretary

***** 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 of the membership form and mail it to the address on the form or fax it. Link to the form: <http://www.aaphp.org/Resources/Documents/2012%20AAPHP%20Membership%20Form.pdf>

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